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ABSTRACT

This monograph provides an account of the work done in the village placement project of the Department of Child Development of the Maharaja Sayajirao University of Baroda, India from 1976-77 to 1984-85. Chapter 1 offers an overview of major problems of children and women in India. It emphasizes the need for rural development programs and the emerging role of home scientists, especially the child development worker in community development. Chapter 2 discusses the village placement project in detail. Discussion covers objectives, framework, and the work carried out in the village of Pipli by the department team. Chapter 3 describes the long-term integrated rural program of the department in the village of Sangma from 1977-84. Discussion concerns the orientation program, the needs of various groups in Sangma, and work carried out during the period in components concerning the preschool, primary school, women, and community at large. Chapter 4 deals with the rural program at Lakshmipura, describing the role of the department team in working with children, women, and community, and emphasizing the importance of community involvement. Chapter 5 focuses on research activities that were an integral part of the program. Chapter 6 reviews the rural program, giving an account of some of the achievements, problems, and lessons learned from it. (RH)

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AN EXPERIMENT IN WORKING WITH RURAL COMMUNITY — EMERGING ROLE OF THE CHILD DEVELOPMENT WORKER

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Project Personnel

(Village Placement Program of the Department of Child Development of the Maharaja Sayajirao University of Baroda)

1976-77 — 1984-85

Director	Prof. (Mrs.) Amita Verma	
Co-ordinator	1976-77	Miss J. Amin
	1977-78	Miss I. Mallya
	1978-79 to 1983-84	Dr. (Mrs.) Y. Pathak
Field Work	1976-77	Miss I. Mallya Miss K. Parekh Dr. (Mrs.) Y. Pathak
	1977-78	Miss J. Amin Mrs. N. Misra Miss K. Parekh Dr. (Miss) J. Parikh Dr. (Mrs.) Y. Pathak
	1978-79	Miss I. Mallya
	1979-80 to 1984-85	Dr. (Mrs.) Y. Pathak

Mrs. M. Pathak Shelat was not associated with field work under the Project, but she collaborated with Dr. (Mrs.) Y. Pathak in compiling the project report for its entire duration.

PREFACE

This monograph is an account of the work done in the village placement project of the Department of Child Development of the Maharaja Sayajirao University of Baroda from 1976-77 to 1984-85 with Professor Amita Verma as its Director throughout.

The project owes its success to many people, whose help has been acknowledged at proper places in the text. Particular mention, however, must be made of the communities of Sangma and Lakshmipura and of the financial grant received from the Australian Early Childhood Association.

This monograph is divided into six chapters. Chapter 1 gives a general introduction giving an overview of the major problems of children and women in India. If also emphasises the need of rural development programs and the emerging role of home scientists, especially the child development worker in community development.

Chapter 2 discusses the village placement experiment of the Department in some detail. It includes the objectives, broad framework of the experiment and the work carried out in village Pipli by the Department team.

Chapter 3 describes the long-term integrated rural program of the Department carried out in village Sangma from 1977 to 1984. The chapter gives a detailed account of the entire planning, monitoring and evaluation procedure of the program. After discussing the orientation program and felt and observed needs of different groups of people in Sangma, the chapter presents the work carried out during the entire period of 1977-1984 on the four major components, namely, preschool, primary school, women and community-at-large. At the end of each component highlights of the work done are given.

Chapter 4 deals with the rural program at Lakshmipura describing the role of the Department team in working with children , women and community-at-large and highlighting the importance of active participation of the community.

Chpater 4 focuses on research which was an integral part of the entire program at all stages of its development. It gives a short description of the surveys carried out to strengthen the program and discusses in detail the four major research studies carried out during the program with the help of master's students of the Department.

The rural program is re-viewed in Chapter 6 giving an account of some of the achievements, problems and lessons learnt.

Authors

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Dr.Chetan Shah, Baroda
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Dr. Veena Zaveri, Gynaecologist, Baroda

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Kum. Kiran Parekh, Baroda
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People of Sangma
Staff of the Sangma Balwadi
Staff of the Sangma Primary School

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Central Directorate of Information
Gujarat State Department of Agriculture
Faculty of Home Science, M.S.U.B.
Faculty of Social Work, M.S.U.B.
Gujarat State Forest Department
Friends Society, Baroda
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Mahila Mandal, Sangma
Padra Taluka Panchayat
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Y. P.
M. P. S.

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CHAPTER 1

INTRODUCTION

It is a sad fact that after 40 years of independence a majority of our population lives below the poverty line. It breeds interconnected problems like meagre resources, lack of health and sanitation facilities, malnutrition, illiteracy and underemployment which leaves India far away from its goal of welfare state.

Let us have a look at the relevant 1981 census figures to understand the demographic situation in India.

Table 1

	Gujarat			*India*		
Population						
Total	3,39,60,905			68,38,10,051		
Rural	2,34,04,474			54,76,63,470		
Urban	1,05,56,431			13,61,46,581		
Male	1,74,84,540			35,33,47,249		
Female	1,64,76,365			33,04,62,802		
Decennial						
Population growth rate (71-81)	27.21%			24.75%		
Percentage	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*
Literacy rate	43.75	54.53	32.31	36.17	46.74	24.88
Percentage of urban population (of total population)	31.08%			23.73%		
Proportion of total population in the age group 0-14	—			39.30%		
Live birth rate (1980)						
Rural	36.6			35.0		
Urban	30.8			27.6		
Total	35.0			33.5		
Infant mortality rate	115.9			126.0	(1979)	
Maternal mortality rate per 1,000 births	3.1			4.8	(1976)	

Compiled from

Health statistics of Gujarat State, Bureau of Health Intelligence, Directorate of Health, Medical Services and Medical Education, Ahmedabad, Gujarat (1984).

The figures indicate that children up to the age of 14 years account for about 40 percent of the population and form one of the most vulnerable groups of the population, the other group being that of women.

The laws of the land bestow equal rights on all citizens irrespective of sex, religion, caste etc. but there is a general agreement that all the sectors of our population do not necessarily enjoy these rights in equal measure; children do not receive their due for a variety of reasons and women are still the underprevileged half of the community everywhere in India. The problem in rural India, however, is still more serious with more than 75 percent of the Indian population living in rural sector.

Table 1 clearly shows the imbalance of population distribution between urban and rural sectors. The multitude of population is much greater in rural sector but out of the meagre welfare services available in the country, a majority of services are available in the cities. The services available in rural sector often do not reach the lower socioeconomic strata of rural communities. This is especially true of the child-oriented services and one can not expect a child to be happy and healthy in a hostile environment where even the minimum basic needs are not fulfilled.

Problems faced by children and women in rural families are many. The children suffer from many kinds of deprivation including lack of education, high morbidity and mortality rates, lack of health and sanitation facilities, malnutrition and low-paid and exploited child labour. Children in general hardly get any special recreational opportunities.

The problems faced by women include economic dependence, lower social status, lack of education, poor nutrition and poor health, early marriage and too many children in absence of widespread adoption of family planning practices. When these women become mothers their problems have direct bearing upon their children.

Let us discuss some of the problem-areas in some details.

Nutrition

Some 30% of all children born in the developing countries die before the age of 5 from malnutrition and related diseases. Upto half of these who survive suffer malnutrition severe enough to leave tham with irreversibly stunted bodies and minds.

Malnutrition renders infants and young children extremely vulnerable to infectious diseases. Dietary deficiencies during pregnancy and lactation harm both mother and infant. A mother's childhood diet affects her newborn as well. Undernutrition among girls today would imperil the health of the next generation. Child nutrition has been seriously affected by the rapid decline of breast feeding in the developing world (Social Input Plan for Selected Villages, 1980).

Education

In terms of mere numbers the problem of providing preschool education to the age group 3 to 6 years is a gigantic problem in India (Bose, 1980). By 1980, it has been possible to cover only about 1.5 percent of the population in the age group of 3 to 6 years (Naik, 1980; N I P C C D, 1978; Pathak, 1984).

About one-third of the children of 6 to 11 years of age in the developing countries are not attending school. Not more than 4 children out of 10 complete primary education. The enrolment of girls in primary schools in the developing countries is markedly lower than that for boys.

Many nursery schools and primary schools are poorly equipped and often teachers have little or no training.

Illiteracy among women, especially in the rural sector, is high. Women also urgently require training in new skills for family living and to contribute to the family livelihood. Knowledge in the areas of childcare, home craft, health, sanitation and nutrition is imperative for better personal and family living and survival and growth of their children.

Clean Water Supply and Environmental Sanitation

It is again a sad fact that we have not been able to ensure adequate supply of clean drinking water to our villages.

The World Health Organisation estimates that upto 80% of the world's cases of diseases are traceable to impure water and considers the provision of safe water and sanitation to be the single most important activity to improve the health of rural population (Facts About UNICEF, 1980-81).

Indigenous technology for drainage and pollution control are urgently required to ensure healthy living to rural people.

This is just a cursory overview of some of the serious, deeprooted problems. Apart from damaging an individual child, such a grave situation negatively influences the investment in the future of our nation in terms of human resource development.

One of the ways of improving the quality of life of individuals and families in the rural sector is to undertake a planned program of rural development which encompasses every facet of life. There is no gainsaying the fact that the government is doing a lot to improve the lot of rural people in general and of women and children in particular. There are many government agencies working towards the goal of improving the condition of the rural people, but we must concede that a large part of the target populations remains yet uncovered by these plans and programs. For the rural women and children there are several

constraints in their set up which do not allow them to take the fullest advantage of the various programs designed to help them. Remoteness of their homes from the project areas, lack of rapport between the project personnel and the target groups, superstitions, apathy or suspicion on the part of the families to be served and inability of the members of the target group to be able to spare time to join the activities given under service project as many of the poor people are busy from morning to evening just eking out bare subsistence —these are some of the constraints.

The result is that only a few from the village community are able to get the benefit of welfare programs leaving the majority of the people unreached by the program. It is, therefore, necessary that the needs of the poorer sections of the rural community are met at their doorsteps or at least in the community itself.

Rural development programs are among the measures adopted to improve the existing condition in rural areas. There are specially designed programs for rural children but the run-away growth of population and constraints in infra-structure restrict the impact of these programs. Lack of awareness and resistance of people to accept new things also weaken the impact. Hence it is important that awareness be created among rural people about quality of life and they are made change-prone so that there is least resistance to new ideas and practices.

Home Science can play a significant role in achieving the goal of improving the quality of life of rural people. Over the last couple of decades the scope and status of Home Science as an academic subject have changed a good deal. Once the scope was restricted to minding the kitchen, maintaining the house neatly and looking after the children. Over the years Home Science has assumed a rather professional status. Home Scientists have a great potential to work as change-agents in bringing about social change in rural communities due to their subject-matter knowledge and insight in human relations. The courses taught under Home Science in the areas of Child Development, Home Management, Clothing and Textiles, Foods and Nutrition and Education and Extension have direct bearing on the basic needs of family and community. Home Scientists can play the role of catalytic agents in the process of achieving better quality of life for the vast multitudes of our people. (Pathak, 1987)

The field work component of the curriculum of the Department of Child Development functions on the basis of this rationale and attempts to give students an opportunity of planning, monitoring and evaluating community based programs.

Till 1976-77 the learning experiences provided to students were urban-oriented to a large extent. With the realisation of the growing need for rural-oriented developmental program, the Department initiated the village placement experiment as a part of field work in 1976-77, which eventually grew as Integrated Rural Program of the Department. In the following pages working of the program is described phase-by-phase.

CHAPTER 2

THE VILLAGE PLACEMENT EXPERIMENT OF THE DEPARTMENT OF CHILD DEVELOPMENT

The village placement experiment of the Department was initiated with the aim to generate family and community participation keeping the child in focus.

Objectives of the Village Placement Experiment :

(i) To help establish and develop a network of basic services for the child and the family within the wider framework of community development in rural areas;

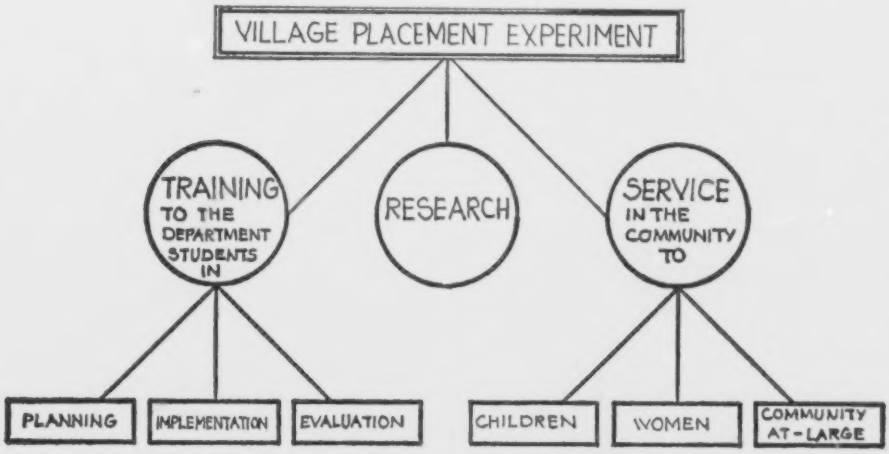
(ii) To strengthen the family as a unit of the community for child care and development;

(iii) To reinforce cooperation and coordination between educational institutions (here the Department of Child Development) and the different government and voluntary agencies working for rural children at various levels;

(iv) To train students for work in rural development;

(v) To conduct research to strengthen the program.

Thus the experiment had three major dimensions of training, service and research:



The village Pipli of the Padra Taluka (Vadodara District) was selected for the placement program. Pipli had at that time inaugurated a Balwadi for the children of Harijan landless labourers and the community was seeking guidance to run it efficiently.

Discussions were held with the key leaders of Pipli. Baseline information was collected through a field survey. Contacts with families were established. The survey and home visits also helped in tapping human resources and pinpointing viable organizations for community participation.

A one-week experimental placement was planned. The major components of action (Fig. 1) were

- children (pre-school and primary school children)
- Women (through Mahila Mandal)
- Community-at-large.

COMPONENTS
OF THE RURAL PROGRAM

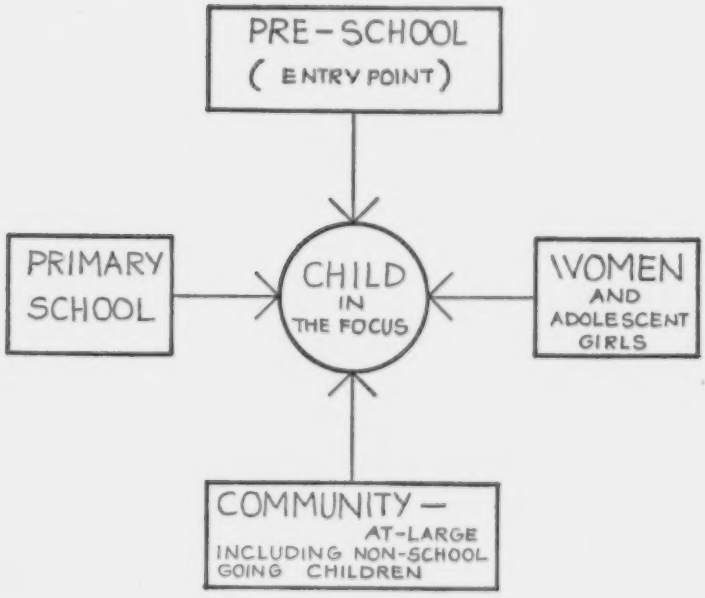


Figure 1

Several activities were carried out under each component. As this was the very first experience of the Department in rural placement and the villagers too were not exposed to planned developmental programs, activities demanded by the people were given preference over those believed to be desirable by the Department.

Work with Pre-school Children

The Pipli Balwadi for Harijan Children had just been inaugurated. Excepting for an untrained teacher no other facilities and equipments were provided for the Balwadi which worked in a single small room.

During the one-week placement program the Department students helped the teacher in selecting and procuring materials and equipments for the Balwadi. They helped the teacher in preparing simple visual aids from locally available materials, in story telling techniques, and in selecting activities for overall development of children. The teacher was also given guidance in providing low cost nutritious snacks to children and making parent-contacts.

Work in the Primary School

Recreational activities with an educational bias were provided to the children of the age group of six to twelve years. Drawing, painting, singing and game sessions were arranged for the children. Fun competitions were also held. 10 to 12 year-old girls were not encouraged by parents to participate in common activities with boys. Embroidery lessons were given seperately to these girls on their demand.

Work with Women

Women of Pipli never had an experience of getting together for a common goal. As Bhajan was found to be their favourite activity, it was used as an entry-point to bring them together on a common platform. Later, demonstrations of low cost nutritious recipes and mother-craft training were organised for women.

Work with the Community-at-large

The main objective for organising community programs was to bring the village people closer as a ' unit ' but due to severe caste conflicts and political interference we could not achieve it. We had to carry out parallel programs for Harijans and other castes. Educational and recreational activities were also organised for people.

Generalisations arrived at from the Pipli Experiment

On the whole the experiment was successful as judged by the response of the community people, and students of the Department. Since the stay was short it was not possible to measure the gains (impact) in a more methodical way. Following are some of the important generalisations that the Pipli experiment emphasised :

1. There should be an integrated program for all-round development of children covering health, education, nutrition and mother-craft—the essentials of any program concerned with child development.
2. The local organisations and voluntary agencies should work in coordination for effective community development to avoid duplication and overlap of services.
3. Factionalism in a community hampers proper use of community resources.

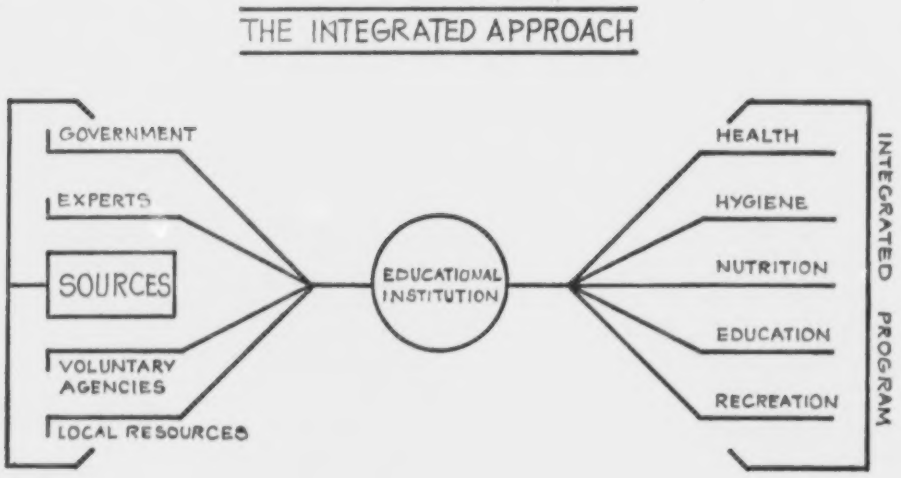


Figure 2

CHAPTER 3

A LONG-TERM INTEGRATED RURAL PROGRAM

A review of literature on rural development, Department's field experience and the, experience at Pipli strongly emphasised the need for an integrated developmental program.

It was not possible to adopt Pipli on a long term basis because of the political factions and caste conflicts in the village. Such a situation is not uncommon for any rural set up but class conflicts here were intense to the extent that the participants had to run two parallel programs for each group. It seemed likely that the situation might take a serious turn which would affect the safety of the visiting students.

Hence the Department decided to select a new village for a long term program which ultimately aimed at preparing local volunteers to take up the responsibility of continuing the program without external catalytic intervention.

The following criteria were used for selecting the village wherein the action program was to be implemented :

1. Possibility of fulfilling at least some of the needs of the village through the departmental program of field placement.
2. Distance from Vadodara, i.e., within easy reach.
3. Co-operation and interest of local organisations and leaders.
4. Facilities for accommodation/over night stay in case of vagaries of transport or weather.
5. Personal safety of the team personnel.
6. Possibility of follow-up by Department students and staff.

The village Sangma of Padra Taluka (Vadodara District) was found to answer these criteria admirably.

Profile of the Village Sangma

Situation :

Sangma is about 15 kilometres away from Baroda. It is situated on the State Highway No. 6. Administratively Sangma is a village of the Padra Taluka of the district of Vadodara. It is serviced by many bus routes passing through Vadodara and Padra. Bhaili is the nearest railway station on the narrow gauge Jambusar-Viswamitri-Dabhoi-Chhotaudepur line. It is a walking distance from Sangma to Bhaili.

Socio-economic groups :

The population of Sangma numbers 2225 (1981 census) consisting of 1175 males and 1050 females.

The village has an all-Hindu population, the main castes being Rajputs, Patidars, Brahmins, Banias, Vankars (Weavers), Vasavas (Bhills) and Harijans. Numerically the Rajputs are the majority community (approx. 50% of the total population) but economically the Patidars dominate even though numerally they account for only 18% of the total population.

Majority of the population is engaged in farming either as big or small farmers or as farm labourers. A few families (five in number) run small scale cottage industries besides having their own farm land. There are four gandhi shops (dealing in provisions like grains and pulses, spices, edible oils etc.). There are a few small establishments like tea-stalls, paan (betal leaf) shops, cycle repair shops, hair cutting saloons (in reality small shabby shops) etc. There are three power driven flour mills also. Of the 190 families owning farmland only 8 farmers own 5 acres or more of farm land each ; 25 families are small farmers having 2.5 to 5 acres of farm land each and the rest marginal farmers having less than 2.5 acres of farm land.

Services

(a) *Communication :*

There is a post office in the village. Two phone connections in private premises are available. A family has installed a T.V. set also.

(b) *Health :*

There is a P.H.C. (Primary Health Centre) at nearby Padra. There is no resident physician in the village but a registered medical practitioner commutes from Baroda. His visits do not follow a fixed schedule. The village is served by a health visitor also but according to the residents of Sangma, his visits are irregular. There are five resident Dais (Midwives) in the village. Except one, all of them are described as ' trained ' as they attended a short training course at the Padra P.H.C.

(c) *Education*

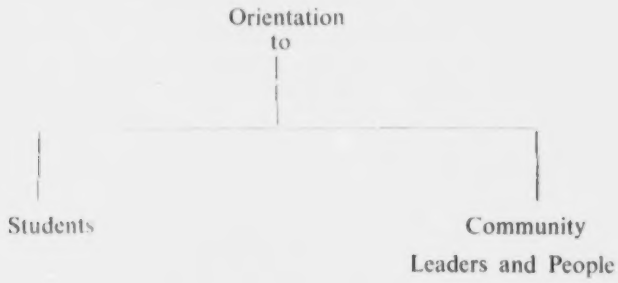
Sangma has a Panchayat-run Primary School upto Std. V, with a trained staff. There is a Balwadi (Nursery School) but most of the time it is not operating regularly for various reasons like want of a teacher or lack of finance for minimum facilities.

(d) *Other facilities :*

Sangma has electricity supply and thers is a central overhead water tank for the supply of running water in homes, but only around 150 homes have availed of the piped water supply. There is only one public water post to serve the needs of the remaining families. Sangma has the benefit of a state highway, but internal roads are as bad and kuchcha as in any typical village in India. Central water supply without adequate drainage has resulted in water-logged patches in neighbourhoods. Few homes in Sangma have their own private latrines.

Planning and Preparation for the Program

The village placement program at Sangma was planned as a long term integrated program involving four major components, namely, pre-school, primary-school, women and community-at-large. It was decided to use the Balwadi as an entry point. In the first year of the program (1977-78) considerable importance was given to orientation, identification of needs and establishing rapport with the community.



Content

1. National need for Rural Development.
2. Objectives of the Department field work and importance of rural field work.
3. Broad objectives of the Village Placement Program and long-term Plan.
4. Students' role as child development workers in the program.
5. Qualities of a good extension worker.
6. Code of conduct and ethics of rural extension work.
7. Government and voluntary agencies and experts from whom help can be sought.

Content

1. Need for better quality of life.
2. Role of the community in improving the quality of life of its members.
3. Involvement of community and target groups in Village-Placement Program.
4. Role of the department in helping people achieve their goals.

Methods and Media

1. Library work.
2. Classroom presentation.
3. Discussion.
4. Observation.
5. Interview.
6. Lectures.
7. Field visits.
8. Slides.
9. Photographs.
10. Films.

Methods and Media

1. Small-group discussions.
2. Informal talk.
3. Community cultural program.
4. Slides.
5. Films.

Knowing the Community

To be able to set realistic objectives for the program, a survey was carried out by the staff and students of the Department.

The methods used for collecting data were

(1) *Interviews*

of — the Sarpanch
— the President of Mahila Mandal
— the President of Yuvak Mandal (Youth Club) and members of the Mandal
— the Principal and Teachers of the Primary School
— the Balwadi Teacher
— the Midwives
— some women and girls from the community

(2) *Observation*

of — women
— adolescent girls
— children at home (also at Balwadi and Primary School) and in the neighbourhood

(3) *informal talk*

with people while involving them in the community programs organised by the Department Staff and Students.

The survey revealed facts regarding

(i) — demographic features

(ii) — physical facilities and conditions

(iii) — community organisations such as Yuvak Mandal (Youth Forum) and Mahila Mandal (Women's Forum)

(iv) — Human resources such as leaders, teachers, volunteers

(v) — government aid and services available from various agencies

(vi) — knowledge content of women in selected areas viz. childcare, nutrition, health, and sanitation

(vii) — specific needs of children, youth, and women.

Identification of Needs

The needs of the community were identified from the following sources :

1. On-the-spot interviews of members of the community;
2. General impression formed by the investigators during their visits to the community;
3. Departmental reports of the placement program, reports of medical check-ups conducted by qualified physicians in the community, and other published and unpublished reports on needs of the rural communities in general;
4. Observation check lists to observe activities of women and children.

Felt and observed needs of the community which were identified are recorded here.

1. Needs of Children: Health, Nutrition and Hygiene

A medical check-up conducted to survey the health status of children revealed that a majority of children suffered from deficiency of Iron and Vitamin A. Most of them were underweight and required dietary corrections. Booster dose remained to be given to a majority of children. Children also suffered from diseases like diarrhea caused by unsanitary conditions.

Children needed basic knowledge of better hygienic practices. Modification of habits like spitting and defecating anywhere on the roads, leaving the faeces uncovered, keeping nails dirty and not observing a proper cleanliness routine, was found necessary.

There were no latrines or urinals attached to the Balwadi and the Primary School. Very few children had proper sanitary facilities at home. Lack of facility was one reason for prevalence of unhygienic practices among children, the other being lack of sanitation education.

Conducive Environment for Growth and Development

Neither at home nor in the balwadi and the school the children were provided a stimulating environment to foster development.

At home

- — the parents were too busy with their work and lacked the awareness regarding the importance of home environment for growth and development of children;
- — the facilities for sanitation, health and education were inadequate;
- — the parents did not have sufficient 'scientific' knowledge for child-care.

In Balwadi and School

- — there was lack of sanitation facilities;
- — fear of corporal punishment prompted the children to stay away;
- — there were inadequate facilities and opportunities for creative activities and freedom of expression;
- — and due to administrative set-up the teachers harboured grievances and dissatisfaction and their attitude was indifferent which affected the overall environment.

There were no special recreational facilities for children.

2. Needs of Adolescent Girls

Knowledge of body functions :

Adolescent girls of sangma lacked the scientific information regarding

- — body functions and personal hygiene,
- — menstruation,
- — reproduction, and
- — need for preparation for marriage and areas of preparation.

They had no proper source (e.g. parents, teachers, good books) to seek this information from.

Boys of the village frequently visited Vadodara and had an access to almost all the urban recreation available there but the adolescent girls had no such facilities or opportunities to give outlet to their creative talents.

Most of the adolescent girls were burdened with the responsibility of minding younger siblings and needed guidance in carrying out this adult role.

Needs of Women

Health, Nutrition and Hygiene

Most women who were interviewed said that there was nothing particulary wrong with their health but the report of medical check-up showed that a majority of them suffered from ailments like

— anaemia
— lucorrhoea
— nutritional deficiencies, especially those of protein and iron.

Malnutrition, especially during pregnancy and lactation, was another problem.

Women lacked information on hygienic practices—

— personal,
— in kitchen and
— in home and neighbourhood.

Modification of prevalent unhygienic practices was needed. Women also needed better sanitation facilities.

Women in general lacked information/knowledge in the areas of

— literacy,
— pre-natal and post-natal care of mother and child,
— prevention of accidents and use of first-aid,
— available services in the village, in the taluka, in the district and elsewhere,
— importance of early childhood education,
— nutritional needs of the family,
— preservation of seasonal vegetables and fruits, and
— income generating activities and money saving practices.

Again, like adolescent girls in the village, women too rarely had opportunities for recreation.

4. Needs of Community-at-large

Environmental Sanitation

In absence of a drainage system, available water was not used efficiently. Waterlogged areas scattered throughout the village served as breeding grounds for mosquitoes and flies.

The other noteworthy sources of pollution were the cattle stables within the residential areas, garbage pits and lack of private or public latrines. Garbage was dumped in the open in heaps or in shallow pits. Open places around homes and in the neighbourhood were freely used as open urinals by all, especially during the night hours. Children used these places for defecation also.

Plantation of more trees was required to protect the environment.

Potable Water

There was a centrally operated tapwater system in sangma but only a small number of families got the benefit of the supply. Most families had not installed watertaps in their homes and depended upon the public water post where again caste prejudices came in their way. There is a pond in the vicinity of sangma. People and animals bathed in this pond and used the pond water right there to wash clothes and clean untensils. Many families even used this dirty water for drinking.

There was a need to promote more harmonious community life through recreational and educational activities.

Monitoring of the Program

Each year specific objectives consonant with the broad objectives were framed on the basis of immediate needs, felt or observed, and achievements and failures of the program of the previous year. Care was taken to involve the target groups at all stages whenever possible. The general procedure followed each year involved the sequence given below :

- Orientation sessions for members of the working team
- planning of the program for the year
- implementation of the program with ongoing assessment
- final assessment in terms of gains, failures and difficulties
- planning of future work

The work done till 1984 is now described component-wise for the four components viz. Pre-school, primary school, women and community-at-large. Research was an integral part of the action program. A separate chapter is allotted to research studies for better presentation.

3.1 Pre-school

Children were the focal point of our whole program and pre-school was the entry point for the team. The Sangma balwadi was run by the Yuvak Mandal under the grant-in-aid program of the Central Social Welfare Board.

When we stepped in during the year 1978-79 the condition in the balwadi was far from ideal.

- Out of 65 children enrolled, some 25 children came to the balwadi and only 7 to 8 attended it regularly.
- Children below $2\frac{1}{2}$ years were also sent to the balwadi because parents were too busy to look after them.
- The balwadi room was very small and lacked proper ventilation.

- The balwadi had a very poor collection of play and educational materials and the children were passive in participation.
- The children considered the balwadi a dreadful place because of fear of corporal punishment.
- The balwadi teacher had a lot of personal problems and work dissatisfaction. Low salary, irregularity of aid, lack of equipment and clashes with the Yuvak Mandal—all these factors were responsible for the indifferent attitude of the teacher. The helper too was indifferent towards her role and duty.
- Administrative negligence of the Yuvak Mandal included nonsubmission of accounts to the Sarpanch, irregularity in providing snacks and in payment of salary to the staff, and for equipment and materials for activities. The balwadi faced the threat of closure as the accounts were not cleared with the funding agency.
- The teacher was an outsider for the community and there was total absence of parent-teacher contact. The teacher commuted to Sangma from a nearby village where she lived.

Thus the situation demanded simultaneous remedial efforts in different directions. One major task before us was to create positive attitude in the teacher towards her work. Our students participated actively in the balwadi providing a model for the teacher to work. We introduced a program of

- Creative activities
- Songs and Stories
- Outdoor free play
- Field trips (to farms, shops of community artisans, temple etc.)
- Cleanliness check-up.

The teacher was guided in using the available waste material and indigenous resources in absence of sophisticated equipment and materials, for example, bricks arranged for walking and balancing, rope swings and tire swings for swinging and wooden plank (donated by a carpenter from the village) for sliding. Available waste material included bottle tops, leaves, sticks, earthen bowls, empty packing boxes of medicines, tea leaves, used paper bags, wrappers etc. and these waste materials were collected by balwadi children, school going and non-school going children, parents and the participant team, and utilised for activities.

Another major task was to create awareness in the administrators regarding their responsibility. The members of the Yuvak Mandal were involved as observers. Their attention was drawn to the unsatisfactory existing conditions and they also saw the impact of a stimulating balwadi program.

We also arranged a slide-show-cum-discussion on 'importance of balwadi and its administrative requirements ' in which 30 members of the Yuvak Mandal actively participated.

Parent contact was another major task. Our students made home visits along with the teacher, and went door-to-door with the tedagar bai to collect children for the balwadi. For a few days during the initial stage, puppet plays, songs and stories were found very useful in collecting children and parents in neighbourhood areas. Informal talks with women in fields, near the village well, and in neighbourhood gatherings also helped. At the end of our intense efforts we did observe some concrete impact. Attracted by a variety of out-door and indoor activities, about 30 children started attending regularly. They participated actively, gradually took initiative and interacted freely with the student-teachers and among themselves. The balwadi teacher also became better aware of her role and of local resources which could be used alternatively to create better environment. The most significant change in the teacher was that she realised that punishment was not necessary to discipline children. She sincerely tried to keep a check on her tendency to give corporal punishment and this helped a great deal in improving the socio-emotional environment of the balwadi.

Involvement of the members of the Yuvak Mandal motivated them to identify the flaws in their administration and take corrective steps. They persuaded the Sarpanch to shift the balwadi to a larger and better ventilated room. The Yuvak Mandal collected a donation of Rs. 2,000 for the purchase of equipment and materials for the balwadi. We were definitely pleased with the results but when we returned in 1979-80 after a lag period of about one year with a new batch of students, our observations were not so reassuring. The teacher had reverted to the traditional formal way of working with children, the balwadi program was far from stimulating and the attendance had again gone down. Health and hygiene was another area where the children as well as the teacher had reverted to the old pattern and needed guidance.

This time we planned the balwadi program in such a way that concepts regarding health and hygiene were skillfully interwoven with regular activities like games, stories, songs, creative activities, free play and field trips.

The most exciting activity for children was the exchange visits between Chetan Balwadi (Laboratory Nursery School of the Department of Child Development, Faculty of Home Science, M.S.U.B., Baroda) Children and Sangma pre-schoolers. These visits were organised as a part of the program to mark the International Year of the Child.

The Sangma children participated in various activities of Chetan Balwadi, were taken to Sayajibaag for a field trip and lunched with the balwadi children. It was just wonderful to see children mixing so well with one another without any inhibition. When Chetan Balwadi children were taken to Sangma, some of them were not very comfortable, especially when it came to a special lunch arranged by the Sarpanch in a traditional way (in leaf plates and leaf bowls). But on the whole the children enjoyed the visit, especially the field trips to farms and brick-kiln.

The impact of our intervention was obvious in the later days of participation. The balwadi teacher became careful and saw to it that children observed certain rules of hygiene like washing hands before eating, not urinating anywhere they pleased and using handkerchief and so on. The attendance rose to almost cent percent.

We observed that the balwadi lacked proper sanitary facilities. If proper facilities are not provided, obviously no amount of sanitation education would help. The Sarpanch and the members of the Yuvak Mandal were persuaded to provide sanitary facilities and clean drinking water in the balwadi.

A survey was conducted to identify children who were not given booster doses of the triple vaccine and an immunisation camp was arranged in collaboration with the P.H.C. Padra to provide booster doses to the identified children.

The teacher and members of the Yuvak Mandal assured us that they would continue to work on the same line and that when we came back the next year the balwadi would be running as efficiently as it was then.

But the next year (1980-81) was a year of political agitation and disturbances. Our program had to remain dormant as the whole state of Gujarat was affected by the political agitation on the question of reservation. We could not go to Sangma at all.

When we revisited Sangma in 1981 we found a radical change in the situation after a gap of almost two years. The balwadi room was allocated to the temple pujari and the balwadi was now run in a dingy corner of a shop. The transfer of power from the former Sarpanch to the new Sarpanch was not smooth. There were tiffs between two leading families. The leaders and Youth members were so preoccupied with election and the construction of a temple that no one had any time to pay attention to children's needs. This adversely affected the administration and finances of the balwadi. Children were not given snacks and only about half-a-dozen children were found attending the balwadi.

The greater blow was yet to come. The teacher who was trained by our team and who had developed enough motivation left the job as she was not paid her salary regularly. A new teacher was appointed in her place.

Our first job was to get a better place for the balwadi. The Sarpanch agreed to give a larger room and arrange for snacks. Our students started working with the new teacher and helped her organise balwadi activities. It was rather disappointing to see a considerable part of the previous efforts go waste but we decided to strive hard and stabilise the situation as far as possible. The only thing we could achieve was reactivating the balwadi which was almost closed during our absence.

By this time we had come to a definite conclusion. One can make concrete and lasting impact only if the program is continuously given over a longer period of time with frequent follow-ups.

It was our good fortune that in 1982, we received a substantial financial aid from the Australian Early Childhood Association. A larger team of B.Sc. and Post-graduate students joined the force.

Due to our negotiation with the Sarpanch the arrears of salary of the former teacher were paid and she was promised regular salary if she joined again to which she readily agreed.

Taru, a young adolescent girl of Sangma volunteered to be trained by our team. She agreed to work as an aid to the balwadi teacher and also to substitute the teacher in her absence. Taru had completed her education till standard IX. She was very regular in attending all our programs and participated actively. Inspite of some family problems she continued to work even in our absence which encouraged us to give her systematic training. An account of her training program follows :

Steps in Training the Volunteer

- Pre-testing and observing the knowledge content and skills of the volunteer,
- deciding the areas and skills required to be developed further,
- developing simple lessons and exercises, for examples characteristics and needs of children, creative activities, etc.
- instruction—one lesson a day,
- preparing and using aids,
- observation of how the trainee is implementing what she learnt,
- evaluation,
- revision of lessons on the basis of evaluation (for future use).

Frequent visits to Chetan Balwadi, demonstrations and self-instructional literature were used to supplement the lessons.

A post-test and observation showed considerable gain in Taru's knowledge and skills. The gain was more evident when she actually started working in the balwadi.

At last the situation seemed promising. In addition to increased financial resources and a larger number of students in our team, we had also the benefit of the services of several resource persons like doctors child development experts etc. Medical check-ups for children were organized and medicines and vitamins were made available to needy children; free consultancy services to parents was also provided when necessary.

Thus on the whole the program ran successfully. The villagers too were happy and collected funds for equipment for the balwadi.

Highlights

- Participation by University students to provide models for the balwadi (nursery school) teacher.
- Health check-up of children by experts; referral service.
- Immunization camp; booster dose of the triple vaccine to needy children.
- Impact on children
  - cleaner appearance
  - freer participation
  - increased interaction
  - improved communication skills
- Impact on the balwadi teacher
  - increased motivation
  - changed outlook (from traditional disciplinarian to progressive)
- Impact on the community
  - increased awareness of the importance of pre-school education
  - A village girl voluntarily underwent training and assisted the balwadi teacher.

3.2 Primary School

Children at this stage have a lot of leisure time and extra energy. They need opportunities to experiment with their newly acquired skills in language and in finer muscle work. They love group games and creative activities. When we initiated our work in 1978-79, it was observed that most of the children of Sangma were engaged in unsupervised group games (which could easily lead them to delinquency, gambling and smoking). There was no one who could guide these children and give desirable outlet to their energy.

The primary school was run in a building surrounded by a considerably large open space without any fencing. The school had trained teachers but lacked material resources and whatever teaching was done was through the traditional method of teaching.

In the first year of our program we decided to give an organised shape to the children's informal play. Under the BALDAL program about 150 children participated after school hours in the following activities:

- debate
- sports and games
- songs and stories
- hobbies.

Baldal program was geared with forming organised groups of children for promoting mental health through creative activities. As a result of our participation the Vice-Sarpanch and the local youth leaders were motivated to plan for a regular play center as well as a study centre for the children.

But when we went back to Sangma in the next academic year (1979-80) to our dismay we found no sign of the play centre or study centre. The youth leaders who had agreed to supervise these activities had taken up jobs in Vadodara and found it difficult to continue such activities which demanded constant attention. The school teachers were not residents of Sangma; they had limitations of time after school hours.

While observing the school functioning we noticed that there was special time allotted in the curriculam for co-curricular and extra-curricular activities but actually no such activities were carried out. The method of teaching was rigidly conventional and children found school dull and unstimulating.

We were disturbed to observe that the school children did not follow basic hygienic practices. This state of affairs may be readily explained by the glaring absence of sanitary facilities like urinals and latrines.

Keeping these observations in mind we decided to motivate the school teachers to make instruction more interesting by adopting the play-way method of education. We felt that such a way of working would develop concepts without disrupting the academic program.

In our daily program of two hours with children we introduced games, songs, stories and dramatization which dealt with their curriculum. We covered almost all thecurricu lar subjects but the main emphasis was on environmental sanitation and participation and free self-expression. The activities were graded to suit individual capability. Teaching aids like charts, flash cards, and puppets were introduced.

The program was very successful with children. The teachers too were amazed to see the change in children's response due to the play-way method. Their only doubt was whether parents would like their children to indulge in play when they were paying money to 'educate' them ! Another difficulty was of funds to buy even basic materials like scissors, colours etc.

Teachers and children both took care to observe sanitation rules but there was the problem of absence of facilities. With the help of children and teachers we constructed a soak-pit to be used as urinal. Children made brooms and swept the school room and garden; they checked each other's nails etc. In a meeting with the Sarpanch and the Yuvak Mandal we found that attempt had been made by them to create a safe and hygienic environment for children but it was not followed up properly by teachers. However, the Yuvak Mandal promised to look into the matter again.

Thus, on the whole the program with primary school children was showing satisfactory progress but we were aware that we were catering to a very small number of children who had the privilege of attending school. A much larger number of children did not have this privilege due to a number of reasons and many of them were actually required to work like adults as farm labourers and helpers. They too needed leisure and recreation and, of course, basic social education and so we decided to extend our program to nonschool-going children. Our program started with a play centre in the community which offered recreational games, folk dances, puppet shows and so on. These play centres were organised in three to four different places at different times of the day so that children could adjust their work hours and participate in the activities. While coming back from farms parents observed their children in play centres. The parents were pleased with the program because they thought that it would stop their children from whiling away time and spending hard earned money on bidis or gambling.

1979-80 was the International Year of the Child (IYC) and we wished to mark it by initiating a concrete program. The concept of child-to-child approach is not new as far as India is concerned because in most of rural and poorer households the older children are responsible for looking after the younger siblings and a variety of interactions take place between them. The credit for focussing the world attention on this approach, however, must be given to Dr. David Morley of the University of London and his team who started their work in 1977.

The program had to be such as would involve the school going as well as non-school going children and would in the long run benefit the entire family. This program was the child-to-child program employing children as agents of change.

The child-to-child program was carried out in the following phases—

Phase I (1979-80) — Orientation to teachers, community leaders, members of youth club and the parents of the participating children.

Phase II (1979-80) — Training of the school children of standard IVth and Vth as mentors by the placement team.

Phase III (1979-80) — Trained mentors along with the participating team working with younger school going children of standard I.

Phase IV (1979-80) — Extending the project to cover the non-school going children of the village.

Phase V (1981-82) — Mentors working with siblings at home.

Phase VI (1982-83) — Reinforcement Program.

The program had to be discontinued during 1980-81 due to the anti-reservation agitation but, fortunately, we were given full co-operation by the head master and school teachers even after the lag period.

The school teachers were quite enthusiastic about this program. They actively associated themselves with the students to plan and implement the program.

We also continued with the play centre actively. The centre was used to provide a model for teaching curricular subjects through play-way method. This year science concepts were learnt through out-door observation and history lessons were learnt through dramatization and role play. A puppet workshop for teachers and mentors was also organised with the help of an expert from the Faculty of Fine Arts, Baroda. Many youth leaders and enthusiastic people from the community joined this program voluntarily. Children enjoyed the play centre activity very much and learnt (without strain) many concepts which they otherwise had found difficult to grasp.

The older children also helped in arranging an exhibition giving information on health, hygiene, nutrition, diseases and prevention of diseases. The activity samples were exhibited to encourage children and to give idea about the activities of play center to the parents and community (details are given in the report on the component of community-at-large). Primary School Children took initiative in explaining things to the visitors and thus strengthened their grasp of the concepts they had learnt earlier.

At the end of our participation, the teachers expressed their desire for a special training program in the play-way method. They also wanted to visit Chetan Balwadi—the laboratory nursery school of the Department of Child Development of the University to observe our way of educating children.

The program for the next year (1982-83) therefore, started with the village teachers visiting Chetan Balwadi at Baroda. They were impressed by the free atmosphere and innovative ways of teaching basic concepts. These visiting teachers requested us to approach their authorities to grant them leave for a few days so that they could come to Baroda and work with us as trainees. We tried but did not succeed in getting leave for them. Finally we decided to organise a workshop right at Sangma but there too the teachers were not allowed to attend it during school hours. Most of the teachers were not residents of Sangma and could not spare enough time after school hours. Finally, we had to drop the idea of a formal training workshop. Instead, we gave demonstrations in the classrooms and guided teachers, whenever they were free, through informal discussions.

The follow up of child-to-child program continued.

A children's library was the major new development this year. There was a library in the village and it also had books for children but, ironically, children did not have any access to these books. We ventured to set up a special library for children because Taru, our enthusiastic trained volunteer, agreed to look after the library and maintain a regular

register of books and readers. Books were collected from different sources. Book sellers were persuaded to give away old books, several well-wishers from Baroda presented some books and students collected books going from home to home and approaching faculty members. Some books were purchased with the help of the Australian Fund. Old issues of children's magazines were also collected.

On an average, about 35 children used the library facilities daily. To them, this was a mental feast they were never offered earlier. To begin with, the children were very noisy and indisciplined. They hopped from book to book without concentrating on any one and talked aloud. Gradually the children learnt to observe library discipline.

A few interesting observations

* All children—school going, non-school going and drop-outs-came to the library.
* Most of the non-school going children selected books with pictures and a few of these children selected books on alphabets and on sports.
* Books on Ramayana, Mahabharata and fairy tales attracted the maximum number of children.
* The drop-outs appeared to be benefited the most.
* School going children helped non-school going children in understanding the contents of books.
* Children loved the library hours—so much so that the primary school teachers started complaining that students came late to the classes after recess. We had to instruct the librarian to see that the regular school children left the library when it was time for school.
* Children loved to talk about books they read at the end of the library hours.

Apart from the educational activities, a health check-up program was planned in two phases. The first phase covered primary school and balwadi children. The conclusion reached by the visiting pediatrician (from the S.S.G. Hospital, Baroda) was that overall physical status (mainly based on the height-against-weight data) was 'fair ' and could be improved to satisfactory level if iron and vitamin A deficiencies were eliminated and dietary corrections made to improve the weight status. The follow-up of the check-up was planned for the second phase.

Highlights

Children

* Initiation of play centres for school-and non-school-going children.
* Good response to play-way method.

* Training imparted to work as child minders of younger siblings at home as part of Child-to-Child program.

* Older school-children trained as mentors in the Child-to-Child project with non-school-going children of the village.

* Positive behavioral responses observed in children e.g.

  — relating hygienic practices to health.
  — leadership, confidence and sense of responsibility.

* Health check-up by experts and referral service.

* Establishment of the village Children's Library (with illustrated books specially for illiterate non-school-going children).

Teachers

* Appreciation of the play-way method of teaching.

* Increased motivation to adopt progressive methods of education.

Community

* Voluntary help by the Community in putting a fence around the school premises.

3.3 Women/Mothers

If women mobilise themselves together in a strong unit they can become potential partners in the process of rural community development. Women's groups can also work for child care and development.

As the balwadi was the entry point of our program, the first women with whom we came into contact were the mothers of preschool children. The balwadi teacher had no contact with parents, and there was total lack of parent-teacher interaction, very vital for proper development of child.

In the first year (1978-79) of the program we decided to concentrate on these mothers only. They were totally unaware of the importance of balwadi in early childhood. Some of them never encouraged their children to go to balwadi nor could they properly educate their children at home. A few mothers were troubled over the problems regarding their handicapped children. They had no place to seek guidance from.

The program for mothers began with informal visits to the homes of children and with sending reminders to the mothers to send children to the balwadi. Outdoor activities for children were deliberately planned near a pond where mothers came for their routine cleaning and washing. Gradually they became interested in what was going on and entered in informal discussions with Department students and faculty. During these discussions mothers were encouraged to observe and participate in the children's activities.

Soon the contacts become more frequent and it became feasible to organise two 'mothers' meetings ' to discuss the importance of pre-school education and parents' participation. Later on many mothers showed interest in learning low-cost new recipes for children. They also participated in food demonstrations and discussion on 'Hyderabad mix '.

Next year (1979-80) we decided to extend our program to a larger target group. Unfortunately, it remained just a dream. There was an already established Mahila Mandal in Sangma. but most of the members did not accept the self appointed leader who was not ready to relinquish her post. Caste conflicts were evident and Harijan women were scared of participating in the Mandal activities. After a series of unsuccessful attempts we decided to concentrate on the few mothers who were genuinely interested in our activities.

Our students helped the mothers of handicapped children. These mothers were given necessary guidance. Some mothers whose children had skin diseases were sent to the well-baby clinic at the Primary Health Centre, Padra and got registered for regular treatment.

Gradual increase in interest and involvement of an increasing number of mothers participating in our activities were the only bright spots in the otherwise not-so-satisfactory Mahila Mandal program.

The Department team discussed the problem and decided to go ahead step by step. Two surveys were planned to get required information for women's program. The first survey was to find out knowledge content of mothers regarding child rearing practices including pre-and post-natal care of mothers, breast feeding versus bottle feeding, weaning practices, immunisation, safety measures at home and habit formation in children. This helped us decide our take-off point. The second survey was to study the modernity or change-proneness of the women. The OM Scale developed by Alen Inkeler was used as tool for measuring modernity. The areas covered were attitude towards life, travel, traditions and developing values in children. This survey shows that education is positively related to modernity. We could identify change-prone women of the community who would eventually help us break the ice with rigidly conventional women. Another attempt at attracting more women to our program was made by finding out their felt needs and the activities they would like to participate in.

By this time we realized that it was not an easy task to have a central well-organized Mahila Mandal in Sangma. Problems were just too many. There was no common time or place which suited everyone because of different occupations of the members of their families. Caste conflicts were evident and there was no harmony between the members and leaders of Mahila Mandal. To conduct neighbourhood classes was the solution we sought out. Women felt relaxed in their familiar atmosphere with familiar faces. The groups were more or less homogeneous socio-economically. They could also keep an eye on their household and children which was their major concern.

We began our neighbourhood classes with the activities desired by women. A bhajan program was organised to collect all the women of the neighbourhood we selected. Festivals and marriage season proved to be two great distractors to these classes. Preannounced activities like candle making had to be dropped to include recipe demonstrations but an interesting thing happened. Several men expressed their desire to be allowed to join in activities like candle making.

Unfortunately, the epidemic of scabies broke out in the village and we had to focus all our attention to eradication of scabies. Neighbourhood classes were used for disseminating information on prevention and eradication measures against scabies and all our efforts were concentrated on solving this problem till the placement time was over.

But the next year (1979 80)'s program was planned keeping the findings of all the surveys in mind. Activities were planned in such a way that what women desired to learn and what we desired to teach them were balanced. On their demand demonstrations of new recipes were organized. Women were also interested in learning income generating crafts. The women were convinced that income saving activities were also important as money saved was money earned. Hence demonstrations on home-made candles. tooth powder and soap-making were organised.

The survey on knowledge regarding child rearing practices pinpointed the areas in which the women lacked scientific information. A team of gynaecologists and pediatricians from Vadodara was invited to give talks and conduct discussions on advantages of breast feeding, immunization, prenatal and postnatal care of mother. and desirable weaning practices.

The neighbourhood classes proved successful. There were distractions like festivals and social occasions but on the whole the attendance was good.

Our team planned to maintain this form of organisation for the time being and give more and more diversified activities to suit everyone's interest. At the end of the placement period the women were also involved in deciding a tentative program for the next year.

Unfortunately due to political agitation on the issue of reservation we had to cancel the placement programme in 1980-81. We faced fresh problems as we resumed our work the next year (in 1981-82).

There was a change in the power structure of the village. Rivalry between the two leading families had increased. The new Sarpanch was a lady but the Mahila Mandal was not ready to accept her authority. Motivation of women to participate had gone down due to the inactive lag period. Adolescent girls demanded a special program saying that they were not interested in the women's program.

Based on the findings of a brief survey the women were divided into three activity groups :

1. Adolescent girls
2. Young married women (upto the age of 40 years)
3. Older women (above the age of 40 years).

Their immediate needs and interest and time convenient to them were checked and activities were organised accordingly.

Adolescent Girls

Adolescent girls formed the most enthusiastic group. They were interested in creative arts and crafts; so the activities we organised for them included

— tie and dye

— rug making from old clothes

— wire bags and

— stuffed toys.

At the same time special lectures by gynaecologists were arranged on topics like hygiene during menstruation, prevention of accidents and treatment of burns and first aid.

Younger Married Women

The prime interest of women in this group was to learn income generating and income savings skills. The activities organized for them include

— soap making

— formulating detergent powder

— tooth powder making

— food preservation (Brinjal pickles and tomato ketchup as brinjal and tomatos are the major vegetable crops in Sangma)

— making nutritive Hyderabad mix at home and

— toffee making from milk and jaggery (as a chocolate substitute).

Some of these activities proved highly popular, far beyond our expectations. Women could see the difference in cost and quality of home-made and market products and made us repeat some of the demonstrations thrice.

The activity which attracted the attention of many farmers was that of making tomato ketchup. Sangma grows tomato as a major vegetable crop and in mid-season the prices go down alarmingly low. The producer gets often only about two rupees for twenty kilograms of ripe tomatoes, the bulk of the profit going to the middle man before the tomatoes reach the consumer who usually pays through the nose.

Here was a potential income-generating activity which could be organised either as a private small-scale or cottage industry or on cooperative basis. Such an industry would also generate jobs for the lower income groups.

An expert resource person from the State Department of Agriculture came to show the exact method of making the ketchup with a long shelf-life without refrigeration. Later we observed that many families of middle and upper middle class level made ketchup every season.

Educational activities for this group consisted of talks and discussions by a gynaecologist and a pediatrician on topics related to family planning, weaning and supplementary foods, children's diseases and prevention of diseases, accident prevention, first aid, and treatment of burns.

The program with younger married women was very successful but the older women were apathetic to most of the activities except Bhajan.

We could not do much for the women belonging to very low income groups because their prime concern was to manage their daily bread and they could not find any time to participate in Mahila Mandal activities. The only way we could help them was by home visits and informal individual guidance at home or at the work place.

Most of the participants expressed desire to visit Baroda (Vadodara) and see the Home Science Faculty and Chetan Balwadi; hence a visit to Vadodara was arranged as the finale to the group activities. The group was taken around the whole faculty, the Cottage Industry Institute and finally to the Sayaji Park Zoo. It was an enjoyable experience for them and also for us. By now a very good rapport was established between the placement team and the women of Sangma; the organisation of activities for the next year (1982-83) was much smoother.

Demand for demonstration of new recipes and pickle-making was always high.

Brinjal pickles, which was tried out the previous year proved very popular because brinjal is a commercial crop in Sangma and during season brinjals are available in plenty and at a low price. This year, the pickles were made in bulk and were sold on experimental basis. The Mahila Mandal proudly contributed the profit to the fund raised for balwadi improvement.

Simultaneously we carried out our work in another important area—health. A gynaecologist and an ENT Specialist from Baroda conducted voluntary and free health check-up of women to which about 20 women responded.

A majority of the women were found suffering from anaemia, leucorrhoea and nutritional deficiencies but they were not aware of it. The doctors suggested measures for prevention and cure and referred some of the cases to the S.S.G. Hospital at Vadodara.

The increasing involvement of women of all strata prompted us to make an effort to re-start a centralised Mahila Mandal at this stage. By now the Mahila Mandal President had developed a positive attitude. She herself took initiative to enrol women and to find out what time, place and activities were desired by the majority. She was now very cordial and cooperative with women of all levels.

Her behaviour with the team also showed a marked change. She became very friendly and invited the team for dinner. One could not believe that this was the same hostile lady who refused to do anything with the program earlier. Due to active interest of the Mahila Mandal President and some change-prone women the Mahila Mandal began to function again.

The very first activity undertaken was a cultural program of garba and bhajans. Several interesting competitions like applying Mahendi, shelling tuvar pods and cutting vegetables were organised. The women enjoyed themselves thoroughly because, as it is, the rural set up rarely provides any recreational opportunity and women are deprived of even outings that men and children enjoy. The Taluka Panchayat also came forward and arranged competitions in elocution, neighbourhood cleanliness, wedding-songs and bhajans.

Some of the educational activities conducted in neighbourhood classes were repeated in Mahila Mandal program. On the participants' demand a thorough demonstration-cum-workshop on first aid was conducted. Diarrhoea in children was a common problem for mothers. A talk on prevention and cure of diarrhoea was given by a doctor from Vadodara. The women were also shown how to prepare the anti-dehydration mixture from water, salt and sugar (after the UNICEF formula).

Some enthusiastic women collected newspapers and journals and shared the reading with the group. To this were added the self-instructional booklets prepared by the team on topics like milestones of child growth, care of mother and new born child, contraceptives, accident prevention, first aid, correct method of cooking, dehydration and care of body parts. These booklets served as good reference material for literate women.

Highlights

- Health check-up by experts and referral service; many faulty notions about health and hygiene removed.
- Neighbourhood classes (ultimately paving the way to the restoration of the Mahila Mandal) in pre-and post-natal care of mother and child and on accident prevention.
- Identification of change-prone women for leadership and voluntary training.
- Introduction of income generating activities and money saving devices.
- A girl from Sangma enrolled herself as a student in the B.Sc. program of the Faculty of Home Science, M. S. University of Baroda.

3.4 Community-at-Large

On the whole, the Sangma community had accepted the involvement of the Child Development Department team but there were some people who were initially skeptical about our intentions and purpose of the program.

The community's contribution in promoting the right environment for the development of children was almost nil and the awareness regarding the importance of early childhood education was very low. Health, sanitation and recreational facilities were inadequate. People rarely took active interest in the problems of the community as a whole. Fortunately there was a group of people enthusiastic enough to take up new challenges and this facilitated our work.

Our program was a child-centred one. The first step, therefore, was to encourage community support in revitalising the balwadi. In the first year of the program (1978-79) several documentary films were screened to create awareness regarding importance of good environment for healthy development of child. Films laying stress on environmental sanitation were also shown. The themes of the films included sanitation, child growth and importance of clean drinking water.

A mass medical check-up was organized and vulnerable as well as high-risk cases were referred to appropriate agencies like the S.S.G. Hospital of Vadodara and the PHC at Padra.

Recreation programs jointly presented by village youth and the placement team attracted large crowds. This helped us in meeting a large section of the residents of the village in an informal way.

After establishing good rapport, an appeal was made for joint community action to strengthen the Balwadi which resulted in getting cooperation from parents and donations in cash and kind. Thus, programs involving the whole community definitely helped in creating a favourable atmosphere of trust and respect for our work.

In the second year (1979-80) of our work too we focused our attention on community health and Sanitation because this was the area which needed concentrated work and it directly affected development of children. Recreational-cum-educational programs, films, talks and discussions were the most frequently used methods to propagate intended messages.

A series of meetings was held with the Sarpanch, other leaders and officers of the Taluka Panchayat to create sanitary facilities for the village. At last we did manage to persuade the people and leaders to keep one central garbage dump in the village instead of throwing garbage everywhere. We also tried to move the Panchayat for timely rremoval of collected garbage.

But before we could pause and feel pleased about the results our work had brought, an epidemic of scabies broke out in the village. We organized meetings and demonstrations

with the help of visiting specialists from Vadodara and the PHC of Padra. Slides on contageous diseases and skin infections were projected and medical guidance given for the treatment of scabies.

Scabies posed such an emergency that we could not think of any recreational program for the community and recreational programs were the ones in which the majority of people were interested.

The second year (1979-80)'s program, therefore, was begun with a veriety entertainment program in which both the placement team and village youth participated actively. Garba, Bhavai, songs and skits were presented and enjoyed by all.

Our students and teacher members of the team were always invited wherever there was any social or family function like marriage, naming ceremony or pooja. We also joined with the community in celebrating the festival of Holi. These frequent informal contacts in relaxed atmosphere had gradually made people receptive to what we wanted to convey. This was reflected in their enthusiastic participation in our programs.

A tree-planting campaign was launched and a number of new films on environmental conservation and sanitation were shown. When we placed before the community the need for putting a fence around the primary school premises people readily agreed to raise the required funds.

The placement program had to be interrupted in 1980-81 due to the statewide anti-reservation agitation. When we tried to pickup the loose threads in 1981-82, we found to our dismay that the village atmosphere was much changed for worse. Hence, it was decided to avoid programs where crowds would collect. Exhibition was found to be a suitable activity as small groups could come and visit it at their leisure and at the same time the whole community could be benefited. An exhibition on health, hygiene, nutrition, children's diseases and accident prevention was arranged with the help of primary school children, teachers, and youth leaders.

The exhibition was well received. It attracted all the sections of the community, strengthened the rapport between the team and people and also helped reinforce the concepts learnt by school children through play-way methods. The agencies that contributed to the exhibition were the Faculty of Home Science, S.S.G. Hospital, Safety Council, and the Faculty of Social Work.

The condition in the village improved a lot by the year 1982-83 and we could return to community-oriented programs again. A community meeting to stress the importance of early childhood and community's role in promoting proper development of child was organised

Recreational programs were always welcome but generally we gave them more and more of an educational slant. Our skits and puppet plays carried messages against social evils like dowry and ill-treatment of women and against harmful practices such as drinking, gambling, smoking, and so on. Through the courtesy of the State Forest Department, films on conservation of nature and wild life were screened. These films proved popular. Some of the members of Yuvak-Mandal were very helpful. They took care of lighting, mike and sitting arrangement for the cultural program and were constantly on their toes to cope with emergencies. Many families were very particular about our comfort. They tried their best to provide us with the facilities for food, rest and toilet.

Highlights

* Active cooperation and involvement of the key leaders (Sarpanch and members of the Mahila Mandal and Yuvak Mandal) enlisted by pursuation.
* People were made aware of the available services from Government and Non-Government agencies and organizations.
* Diagnostic medical camp and referral services.
* Increased awareness of environmental sanitation.

CHAPTER 4

PROGRAM AT LAKSHMIPURA

A Resonance Effect

Lakshmipura is a small village with a population of about 500 in the neighbourhood of Sangma. It is a village which had no source of water in the village, no electricity facility and no balwadi, when we first went there during 1982-83.

There was a sort of resonance effect of our work in Sangma on Lakshmipura. Some of the community leaders of Lakshmipura requested the village placement team to visit their village and see if the work carried out in Sangma could be extended to Lakshmipura.

As child development workers our main interest in Lakshmipura was to cater to the preschool-age children for whom there was no facility of balwadi. A rapid survey was conducted to find out the feasibility of starting a balwadi in Lakshmipura.

We saw two major problems. One, the Sarpanch was not a resident of the village and did not take active interest in solving the problems of the community. Setting up a permanent balwadi would need long term efforts by leaders and due to his other preoccupations such an interest could not be expected of the Sarpanch. The second problem, as usual, was financial.

As a result, the village placement team and the community leaders decided to start a balwadi—at least an Anganwadi as a make-shift arrangement—on an open platform ('Otlo'). Once the decision was made we started working intensively. Mothers were contacted by door-to-door visits. They were explained the benefits of enrolling their young children in the balwadi and their response was good. Some 35 children got enrolled. Children as well as their mothers were very enthusiastic about this new activity; so the team did not face any motivational problems.

A young adolescent girl, Ila, volunteered to be trained to work as a balwadi teacher; she was given intensive training on the model (see chapter 3, Preschool component) on which the Sangma volunteer, Taru, was trained. The team members assisted Ila in her work. Together they fabricated part of the teaching equipment and made use of all possible alternative resources. Some financial assistance was given to the balwadi from the Australian Fund and the balwadi started full steam. The program ran very much on the line of Sangma Balwadi. The students got an excellent opportunity of establishing a balwadi from scratch and developing resourcefulness for collecting materials and funds.

Lakshmipura already had a primary school upto Std. IV. It was housed in two rooms and there were only two teachers for all the four classes. When these teachers saw us working successfully in balwadi they were convinced that something could be done to stimulate the primary school program too. Every day the teachers of the primary school would come to invite us to visit their school; so we shifted some of the team members to the primary school.

We tried the play-way method in the primary school. History and science lessons were learnt through dramatization, songs and observation methods. The room environment was specially created to emphasise good social habits and practices regarding health and hygiene, and the areas of nutritional deficiency needing immediate attention. Home visits were made to contact parents of children who needed special attention in nutrition and health. The team members carried out informal discussion with parents in problems pertaining to nutrition and health.

A small library similar to Sangma Children's library was also set up with the help of the Australian Fund. Ila was trained to run this library.

The most interesting activity was a cultural program fully organised and presented by the primary school children. Teachers and the placement team did help children in planning the program and solving minor problems here and there but mainly it was the children's spirit of initiative and team work which made the program successful. The skits, dances, songs—all items were entertaining but their dramatization of original jokes was enjoyed the most and appreciated by the whole community.

The women's program at Lakshmipura was another satisfying experience. At Sangma we could motivate the women to participate only after a series of concentrated efforts whereas *at Lakshmipura women demanded the program on their own.* They wanted to learn everything that we taught at Sangma. Learning new recipes and income-saving/generating activities were their favourite activities just like the Sangma Women. In addition to the recipes for Bajra (Pearl Millet) biscuits, brinjal pickles and tomato chutney, they learnt how to make soap powder and stuffed toys. They also learnt the technique of ' tie and dye ' and effcient use of wood as fuel.

Very enthusiastically, these women taught some of their own recipes to the team members. Later we all went on a picnic to a nearby farm. Most of these women were illiterate and showed willingness to join adult literacy classes. Each woman was given a pencil and a notebook to practice the skill of writing. Some of them had never held a pencil in their hand till then. In the beginning many women joined the classes but only about 20 women continued to attend regularly. They learnt how to write their own name, names of the members of their families, common crops, vegetables, animals and so on. We must acknowledge that the husbands of these women were very cooperative and encouraging.

There was a demand from women for organising night-classes so that they could come after finishing all the household chores. We could not fulfil this demand because overnight stay for the team was not possible and it was considered risky to send girls back home to Baroda late at night.

When a gynaecologist was invited to give talks and conduct discussions on health problems of women, some expectant women approached her on their own and requested her to conduct a health check-up for them. This behavioural change surprised all of us because in our previous experience women always had to be coaxed to undergo a medical check-up. Some complicated cases were referred to the S.S.G. Hospital, Vadodara and medicines were given to the needy women. Medical check-up of children was also organised and medicines were given for them. Educational programs were based on the results of health check-up to encourage preventive measures against diseases. Women showed maximum interest in topics like breast feeding and water purification at home.

The whole community was very enthusiastic and helpful. Though there was no electricity in the village they managed to get electric supply for the cultural program from a nearby source.

The program at Lakshmipura was so successful that people from Sangma came to see it and some of them even protested to the team members for taking the program to Lakshmipura when they could get all the facilities in Sangma. The usual barriers of sex and caste were totally forgotten during the cultural program.

Street plays dealing with social evils and unhygienic practices received very good response.

Some of the community leaders of Lakshmipura were quite alert about the community problems. They took the opportunity and requested the placement team to help them solve their electricity and water problems. The women of Lakshmipura had a tough time walking all the way to Sangma to fetch water. The team members cooperated and succeeded in getting a central water supply for the village which was a major achievement for the team and the Lakshmipura community. We also helped the leaders to apply for financial help to get more rooms and teachers for the primary school. At that juncture no concrete results were achieved but now (in October, 1985) when this monograph is being written, two additional rooms and an additional post of teacher have been given to the school.

Our experience with Lakshmipura clearly showed us the difference between program initiated by an agency on its own and a program desired and demanded by a community. The level of motivation, cooperation and impact are much higher in the latter case because it is a real ' need-based ' program from the community's point of view.

CHAPTER 5

RESEARCH AND ACTION INTERACT

Research was an important aspect of the rural program along with the aspects of training and service.

In the course of the program a series of surveys were conducted to strengthen the program. These surveys helped the team to get better insight in the field and plan the program on concrete bases. A list of these surveys is given here.

(1) Background information of the village (Sangma)

including — demographic features,

— educational recreational and medical facilities,

— Physical facilities, and

— resources (human, material and institutional) including resources available at Vadodara

Information obtained from this survey helped in the planning and monitoring of the entire program, in establishing rapport and also in resource utilisation.

(2) Needs of people belonging to different age groups

Findings of this survey were utilised to make the program a need—based one. Felt and observed needs of the people served as the guidelines to decide the take-off points, plan activities and determine the areas needing concentration of attention.

(3) Modernity and change-proneness of women

This survey was specially conducted to identify receptive women who could accept change and further help in involving the rest of the women. It also helped in identifying future volunteers for training programs.

(4) Knowledge content of women in the areas of health, nutrition and child rearing practices

The findings derived from the survey guided the team to plan educational activities for women on specific topics in the areas of health, nutrition and child rearing practices.

(5) Interest of women and suitable time and place for Mahila Mandal activities

The information obtained from this survey helped run the Mahila Mandal more effectively and ensure the maximum participation of women.

(6) Opinions of women regarding functioning of Mahila Mandal

This survey was conducted to find out the areas of satisfaction and dissatisfaction in functioning of the Mahila Mandal and to receive suggestions for modifications from the participants.

(7) Activities of non-school-going children and leisure time available to them

While planning for play-centers for non-school going children, the information obtained from the survey was utilised. It also helped in planning for the child-to-child program.

(8) Activities and interests of adolescents of the village

When the adolescents expressed the desire to have special program for them, the need to find out their leisure time activities and interest was felt. The findings of this survey helped make the program for the adolescents more meaningful and ensure better participation of the target group.

Apart from these surveys several major action research studies were conducted with the help of master's students. The major research studies include

1. Developing a program for children of Sangma through child-to-child approach (Rajeshwari Trivedi*).
2. Developing an integrated educational program for rural women and children (Mala Gogoi*).
3. Developing and implementing a training program for rural volunteers in the area of pre-school education (Mukta Nagpal*).
4. Developing guidelines for village level workers (Mala Gogoi*).

These research studies are described in some detail in this chapter.

5.1 Child-to-child Program—Children as agents of change

The child-to-child program was launched to harness a resource, neglected so for—children themselves—to the task of helping the children in need of help in health, nutrition, education and social development. (The International child-to-child program has been inspired by the work of Dr. David Morley of the Institute of Child Health at the University of London). Since its start at the Institute of Education and of Child Health of the University of London in 1977, many people all over the world have become involved in this type of work.

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* Master's students of the Department of Child Development who conducted the studies for the Master's dissertations under the guidance of Dr. Y. Pathak.

It is not out of place here to point out that, as far as India is concerned, the idea of utilizing the services of children as mentors of their younger siblings is not new. Traditionally, in the joint family, the eldest and retired members, grandparents, aunts and uncles would have the children in their care. But with the gradual breaking up of the joint-family system even in villages, parents are forced to leave their young children in the care of their older siblings. If the older siblings are given correct information and knowledge about health precautions, hygienic habits, sanitation and cleanliness and are taught proper ways of handling young children through a play-way method, they would prove themselves important agents of change.

For child-to-child programs the primary school is an untapped source which can be conveniently and profitably put to use.

The Rationale of the program four our project was that (1) the joint family system is fast disintegrating even in villages, economic necessity forcing both the parents to work away from home leaving their younger children under the care of their older children; (2) that not all children go to school and of those who do many drop out in the initial period only, and that (3) so far no attempt has been made to enlist the services of the older children in primary schools to help the less fortunate children of their community of their own age and younger children.

The major objective

of the project was to utilize the school children as agents of change in rural communities.

Specifically the objective

was to utilize the talents of the children of the upper grades (age range 9-11 years) of the primary school at Sangma to help their younger siblings at home and the non-school going children of the community-at-large especially in the area of health.

Plan of Work

Our approach was to focus our attention and limited resources on health and hygiene practices in the village community. The program was primarily focussed on health and hygiene, and all available techniques, aids and approaches like formal and informal play sessions, songs, dramatization and role-playing, story-telling, puppets, charts, instructional kits, conversation etc. were freely employed to drive home the intended message to the older children so that they, in turn, may guide the younger children of the community. Under the wide umbrella of health and hygiene, quite a few relevant topics were covered.

The project was executed in four phases.

Phase—I

Teachers, community leaders, members of Yuvak Mandal (Youth Club) and the parents were oriented to the 'child-to-child' project and were told about the role of the older children in teaching younger children. We wanted to convince the parents of the usefulness of the project so that when their children spent time in teaching younger children in school or community-at-large they (the parents) might not feel that their children were wasting time.

Phase—II

The school children of Std. IV and V, who were going to be the minders of the younger children, were given training as detailed below :

Health and Hygiene

I. (1) Knowing parts of the human body
(2) How to keep the body clean
(3) Good habits regarding

— eating,
— nose-blowing and sneezing (use of handkerchief or a clean piece of cloth),
— washing hands, feet, face and mouth before meals,
— keeping a special dip for the water-pot,
— avoiding using of roadsides for urination and bowel defecation,
— avoiding spitting everywhere and anywhere,
— cleaning teeth,
— gargling after eating,
— value of chewing and masticating food properly,
— use of simple sanitary pits made by the children themselves.

II. Nutritive value of inexpensive locally available fruits and vegetables e.g. amla (gooseberry), amli (tamarind), berries, cabbage, carrot, woodapple, leafy vegetables like drum-stick leaves etc., berries yielding dyes, chichuka (tamarind seeds), grasses, flowers, fruits, broken pieces of coloured glasses etc. were collected. A trip to the potter's shop gave coloured earth, brick-bats, and clay. The carpenter's shop provided saw dust and the village tailor's shop was a source of rags of variegated colours.

The children themselves were allowed and encouraged to classify the collected objects which gave them great excitement. The children were left free to use their creative imagination and skills to make anything out of these collections as they pleased. The children showed originality in the use of locally available materials. To mention an interesting

example, they used dried cabbage leaves in place of paper in painting. For colour they collected ripe berries of ' poi ' which yield a beautiful scarlet pigment. Dolls and puppets were made from hay.

The work with the older children prepared ground for the third phase of the child-to-child project.

Phase—III

In the third phase of our project, the older children of Std. IV and V of the village school (who were trained as mentors) and the students of the Department of Child Development (as part of the Department Village Placement Program) acted as minders of the younger children of Std. I in the same school (as a pilot project). The idea was to see to what extent the older children picked up the various activities and transmitted the acquired knowledge and skills to the younger children. The familiar surroundings helped the mentors in gaining more confidence and overcoming inhibitions before taking up the actual program with non-school-going children.

The older children guided the younger children using the same teaching aids described earlier. The program was conducted entirely with the help of volunteers from Std. IV and V. These volunteer leaders were assigned Std. I children in small groups (of, say, about 10 children). It was an interesting experience to see these young volunteer-teachers in action using the knowledge and skills they had acquired to work with younger children. Most of them took great delight in performing their new role. The girls, however, required a bit of coaxing before they agreed to work as tutors.

We also tried out the child-to-child approach in the nursery school but both the older and the younger children were uncomfortable and hence the experiment was not continued furhter.

Phase—IV

In phase IV the project work was extended to cover the non-school-going children of the village.

Door-to-door visits were made to explain to the parents of non-school-going children the benefits their children would derive at no cost to them. It was emphasized that care would be taken to see that the children who were already gainfully employed would not be required to give up their work but the activities under the project would be arranged to suit their (the working children's) time-schedule. Such home visits gave the desired information on the free time available to the target group and activities were organized in different groups to suit different time schedules.

At first the parents of the non-school-going children were skeptical about the program. They were not sure if the program would benefit them or their children . In fact, some of

them had misgivings that this was just one of the mushrooming activities indulged in by the city folks periodically. It took the project workers some time, effort, and patience to convince these parents that at no cost to them their children would get many things they had been missing by not going to school and ultimately their wards would gain in health, knowledge, and skill which in all probability would help them live better. The children themselves were already enthusiastic about the program activities through their contacts with their school going peers.

To begin with, the school-going child minders were asked to help the project workers to work as resource persons in training their non-school-going peers.

The teaching aids, charts, kits, puppets, story-cards etc. which were prepared with the help of the school children were used to impart instruction to the non-school going older children in practices conductive to health and hygiene. The sessions with the non-school-going children included activities like organised play, group folk songs, dramatization, puppet shows, etc. so that their interest was sustained.

The instructional program for the non-school-going children was essentially the same as that described for the school children in Phase II.

Evaluation

For evaluation various methods were adopted such as

- On going observation
- Role-play
- Reacting to problem situations
- Informal discussions
- Questions/Answers
- Home visits, and
- Written tests (only for school-going children).

The home visits were also intended to assess the opinion of mothers on the child-to-child project. The mothers reported that their children told them with delight what they learnt under the project. Mentors practised their newly aquired skills at home and told their mothers how proud they felt about their new role. Parents were pleased with the overall improvement in the behaviour of their children.

Some observations

Apparently the older children enjoyed their new role as guides and teachers of younger children. The ready acceptance of these new and unconventional ' teachers ' by the younger children had also a positive contribution leading to the success of the project.

The first thing that came to the attention of the observers was the poise and self-confidence in the older children (mentors). These volunteers presented themselves well-groomed and neat to their younger companions.

It is also observed that leadership qualities are well-scattered in society and it takes only a favourable opportunity for these qualities to manifest themselves.

On the part of the volunteers one could readily observe the willing effort to improve communication skills by enlarging vocabulary and improving pronunciation. The new role resulted in giving a sense of responsibility to the mentors from Std. IV and V.

Working in a group definitely helped the development of team-spirit in the participants. The children listened to what others had to say and tried to appreciate view points other than their own.

The new experience gave the mentors opportunity to practise their own creative ideas and to make them better observers of people and things around them.

It would require a long-term survey of the behaviour of the younger children to observe the impact of the project but our observation showed that the project had made quite an impressive and interesting impact on school-going and non-school-going children who participated in this program.

The next phase in the child-to-child approach was centered around instruction from school-going children to their siblings at home. We had originally planned to use the same mentors who were trained earlier to conduct the program with non-school-going children but this plan failed as we could not carry out the program at all in the year 1980-81 due to disturbances caused by anti-reservation agitation in the State. When we took up the work again in Sangma in 1981-82 and tried to restart the child-to-child program we found that all the mentors we had trained earlier had left the village school to join the Taluka high school for further studies; we had to start all over again with training new mentors.

This time we selected the children of Std. IV as mentors so that they could be involved in the next year's program also (when they would be in the class of Std. V). The emphasis was again on the content dealing with

— hygiene.

— nutrition and

— safety and accident prevention
(at home and in the neighbourhood).

The mentors were also given training in communication skills so that the task of passing on the information becomes easier and more effective.

The whole process of training the mentors is briefly discribed below :

1. **Pretesting the mentors** in the selected areas of training

   Methods used — observation
   home visits
   written tests
   informal talk

2. **Training the mentors**

   Methods and Media used — Talks
   discussion
   games
   songs
   stories
   role play
   charts
   puppets
   flash cards
   self instructional booklets

Several innovations were made in popular games, songs and stories to suit the content. The game of passing the parcel, for example, was adapted in a way that a ' nutrition kit ' was passed as the parcel.

3. **Evaluating the mentors on the content**

   Methods used — Observation
   home visits
   written test
   informal talk.

But the real effectiveness of the program could only be tested when we observed the mentors with their siblings and later on the change in behaviour of the siblings.

Through home visits, informal talk and observation, the behaviour of siblings before the program was recorded. When the older children carried out the program at home the team members were divided into two groups to take up two different evaluation activities. One group evaluated the mentors at work—their mastery on content and their skills of communication. Another group observed the behavioural changes in the siblings and the influence of the program on the entire home environment.

Both the groups came out with positive results. The older children carried out their role with great poise and responsibility. Their mastery over content was good and they handled their siblings with care and love. When the siblings made mistakes, the older children used alternative ways to explain the things and never resorted to scolding or beating which they usually did before being trained for the program.

The immediate impact on the siblings was also good. They tried to put the new knowledge into practice in the day-to-day affairs but we could not relax at that. What was needed was continuous, long term observation of the siblings and the home environment, but due to curricular limitations this sort of follow-up was not possible.

We were able to take up a follow-up study after a gap of one year when we went to Sangma again in 1982-83. The children and their homes were observed again. The lag period had caused deterioration in the impact of the program.

We decided to conduct a reinforcement program with special emphasis on areas in which deterioration was marked.

A very interesting observation was made while evaluating the influence of the child-to-child program on the entire home environment. Mothers had indirectly gained a lot of information from their children. This gave us an idea to conceptualise a new strategy of *child-to-mother* program.

Our experience with women of Sangma shows that most of the women of lower socio-economic strata are so over-burdened by routine work, either at home or at work or both, that they have very little time and energy left to participate in developmental program. Besides their preoccupation with work, their stubborn insitence on traditional values and set ideas makes it very difficult to convince them directly to adapt new ideas.

The information on science and technology gets multiplied rapidly but remains largely confined to a limited urban upper socio-economic stratum. Many of the rural mothers are illiterate or semi-literate but their children have the privilege to attend school.

Why not, then, train the children and use the talent and enthusiasm of the large number of school children in spreading literacy and knowledge among adults, especially women? We found this strategy worth adopting and suggest that more work be done on this strategy. It may not be a rigidly scheduled program but the child-to-mother interaction could take place during the daily routine in small doses. This would result in a more permanent impact and if mentor, mother and siblings—all the three parties are involved, automatic reinforcement would be there.

INTEGRATED PROGRAM FOR RURAL COMMUNITIES

(Especially for Women and Children)

Objective	*Content*	*Method/s*	*Media*
Area: Health (General)			
1. Development of the concept of good health	Parts of the body and their functions; importance of all parts functioning harmoniously	Doctor's talk. Question-answer session	Charts, films, set of slides—on body parts and their functions
2. Acquisition of the technique of ensuring good health	Care of the body parts (cleanliness, exercise and rest); balanced diet; pure water and sanitation; recreation (Physical and mental); periodic medical check-up and follow-up measures	Talk Individual conference	Flash cards Bulletin board
3. Familiarity with common diseases and their symptoms and of preventive measures	Common diseases; symptoms; preventive measures; simple home remedies	Exhibition Talk Demonstration on remedies	Flash cards Charts
4. Prevention of accidents and rendering first aid	Common causes of accidents in rural set-up; preventive measures; first aid, information on the nearby referral centres	Demonstrations on —accident prevention —first aid Talk Field trip to referral centres	Films a small guide book on first aid (for literate group) Posters Photographs showing risky situations Charts

Objective	*Content*	*Method/s*	*Media*
Area: Health (Mothers and infants) **Sub-area: Pre-natal care**			
5. To ensure good health of the expectant mother and the growing foetus	Nutrition, care of the body, exercise and rest, freedom from overwork and mental tension, periodic medical check-up and follow-up measures; injurious habits and abuse of drugs	Talk Question-answer session with doctors	Flash cards Charts
6. To ensure safe delivery	Preparation for the event—room, clean rags and cotton, enlisting the services of trained dai/nurse/ physician for home delivery or registration with a maternity home	Talk	—
Area: Health **Sub-area: Post-natal care —Care of the mother**			
7. To restore the normal shape and functioning of the mother's body	Proper treatment, exercise and diet	Talk Demonstration on exercise	

Objective	*Content*	*Method/s*	*Media*
Area: Health **Sub-area: Post-natal care —Care of the infant**			
8. To ensure optimal development of the infant (upto 5 months)	Proper feeding in the initial stage; adequate nutrition; sanitation; immunization; preventive care to protect the child from diseases; proper clothing	Talks on feeding, nutrition —Talk and Health center visits for immunization —Discussion with pediatrician on diseases —Demonstrations on stitching simple but comfortable body garments along with a talk on patterns, material to be used etc. —Individual conference	Set of slides or photographs Charts Actual garments, specimens of desirable and undesirable materials a small booklet with basic patterns, charts etc.
9. To ensure optimal development of the infant (after 5 months)	Supplementary nutrition; preparation for weaning; weaning; booster doses; proper clothing	—Talk on supplementary nutrition —Disccussion with a Child Development specialist on weaning problems —Demonstrations of palatable weaning foods —Clothing (same as with obj. 8)	
9a. To protect monther's health through proper spacing of children and family planning	Birth-control techniques, spacing of children, desirability of planning	Lectures Visits to family planning centres Individual conference Counselling	Films Posters Pamphlets.

Objective	*Content*	*Method/s*	*Media*
Area: Health—Children			
10. To ensure adequate nutrition and sanitation for the growing children	Growth spurts and importance of nutrition; palatable preparations; care of the body; sanitation; facilities for play	—Talk on growth spurts and importance of nutrition, care of body and sanitation —Demonstration on palatable preparations	Charts and very simple graphs of growth spurts.
11. To mould appropriate behaviour pattern to ensure good health	Appropriate daily routine and rest and play schedules; self-dependence in daily routine; body care; sanitation—physical and mental	—Group discussions —Talk by Child Development specialist —Role play or dramatisation	—
12. To prevent diseases	Medical check-ups; preventive measures—routine and during epidemics	—Home visits —General meeting —Compaigns for prevention of diseases like Malaria, Cholera, Scabbies, —Exhibition	—Posters —Charts —Films
13. To discourage early marriages	Law and early marriages; medical view point; consequences of early marriage on individual health and on national resources	—Panel Discussion (a panel of a doctor, lawyer, social worker, and extension worker) on different aspects of child marriages —Role play or Dramatization —Puppet play	Puppets Puppets

Objective	*Content*	*Method/s*	*Media*
Area: Nutrition			
1. Creating awareness of basic ingredients of diet	Proteins, carbohydrates, fats vitamins and minerals	Talk	Charts Flash cards
2. Creating awareness of the importance of balanced nutrition	Consequences of undernutrition and malnutrition. Deficiency diseases	Talk	—Slides showing deficiency diseases (with a commentary on the causes, prevention etc.) —Photographs
3. Getting familiar with the ways of ensuring balanced nutrition from commonly available food stuffs	Common food stuffs and their nutritional contents; how combination of different foods may enhance food values	—Group discussion —Food demonstrations —Talk.	Flannel board (so that rearrangement of basic food stuffs can be shown to give an idea of different balanced combinations)
4. Acquisition of information about the ways of preserving nutrients during cooking and in preserved foods	The various techniques of cooking and their effects on nutrient contents; how to prevent losses of nutrients in preserved foods	Demonstrations on cooking methods and booklets on Food preservation	—Small pamphlets or booklets containing important points or do's and don'ts —charts —bulletin board
Area: Environmental sanitation			
1. To ensure healthy dwellings	Ventilation; drainage; separation of cattle shed and human dwelling place; waste disposal; smokeless chulah; gobar-gas	—Talk —Field trips —Exhibition	—Diagrams —Models of ideal house —Smokeless chulah. gobar-gas

Objective	*Content*	*Method/s*	*Media*
2. To ensure and maintain sanitation of the home compound (court yard)	Family latrines; drainage and soak pit; waste disposal; tree planting	—Talk	—
3. To ensure clean neighbourhood	Cooperation among neighbours regarding waste disposal; public latrines; location of garbage dumps; cooperative gobar-gas plants; tree planting	Socio-drama	Posters
4. To ensure community sanitation	Water supply and drainage; public latrines; social forestry; centralized gobar-gas plants	Campaigns of tree planting and celegrating etc. Public lectures	—
Area: Education			
1. To create a centralized community place to help the development of the pre-schooler	Importance of pre-school years; importance of a balwadi with a trained teacher; proper balwadi set-up	Lecture Group discussion Field trip to a good Balwadi	Film showing activities of a good balwadi
2. To ensure home environment conducive to the growth and development of children	Parental attitudes; physical facilities; school readiness and what can be done about it at home	Talk Teacher-contact Parent-contact Socio-drama, puppet plays	Pamphlets

Objective	*Content*	*Method/s*	*Media*
3. To make transition from home to primary school less traumatic for children	School-readiness—what parents can contribute to it; desirability of doing away with corporal punishment; appreciation of regularity and punctuality on the part of children by parents; parent-teacher contact	Talk Teacher-contact Parent-contact Sociodrama, puppet plays	Pamphlets
4. To create learning opportunities for non-school-going children	Informal play centres; child-to-child projects; literacy classes; library	Conferences with youth leaders and teachers (for informal play centres) Training of mentors (for child-to-child approach); Conferences with Sarpanch and other leaders for fund raising (for library sports goods)	Pamphlets
5. To ensure cooperation of the village teachers in making life of children more pleasant	Right attitude to pre-school education; improving school environment; teaching aids; opportunities to children for play and nature study	Group discussion Demonstration on making and using teaching aids. Teacher-training Workshops	Pamphlets Exhibition of teaching aids
6. To create understanding in the community about children's requirements and to solicit community participation in improving the lot of children	Requirements of different age groups; importance of community sanitation: balwadi, play grounds and library	Contacting leaders Neighbourhood meetings	Charts Posters Pamphlets

Objective	*Content*	*Method/s*	*Media*
7. To improve the level of mothers in mother-craft	Pre-natal and post-natal care; sanitation; immunization; nutritional requirements of children; school readiness; prevention of accidents; diagnosis of common diseases and information on referral services; simple home remedies	Home visits Neighbourhood classes	Posters Pamphlets
8. To improve the knowledge content of adolescent girls especially about the facts of life and preparation for marriage	Functions of body parts; functions of male and female in reproduction; sanitation during menstruation; conception, child-birth; child-spacing and family planning	Individual conference Counselling Group discussion	Pamphlets Films Models diagrams
Area: Conservation of resources (Saving)			
1. To safeguard savings from hard earned income	Private money lenders and scheduled banks; post office savings bank; unit trust, life insurance	Puppet-play lectures Group discussion	Charts Posters Pamphlets
2. To eradicate the evil custom of dowry	Social position of women need urgent improvement; law on dowry; dowry deaths	Dramatization Puppet play Bhavai	Posters, films, pamphlets Magazine reports on dowry deaths

Objective	*Content*	*Method/s*	*Media*
3. Winning freedom from expensive and harmful habits	Smoking, drinking, narcotics, and the like and their effect on health and direct and indirect expenses involved; losses to the individual, family and nation	Dramatization Puppet play Individual conference Counselling	Charts Posters Pamphlets
4. To make the optimal use of food products produced on the farm or available in the community easily and economically in season	Methods of food preservation (preservation of vegetable and animal products)	Demonstration Training classes	Posters
5. To adopt the principle of recycling in resource management	The art and technique of ' best from waste ' use of old and discarded or out of fashion garments in fashioning new ones; preparation of palatable dishes from left-overs	Demonstration Training classes Competitions Exhibition	—
Area: Income generation			
1. To find ways of augmenting family income by using spare time profitably	Income generating part time activities for men, women and children (tailoring, embroidery, gathering of minor forest products, basket making etc.)	Group discussions Home visits Training classes	—
2. To encourage cottage and small scale industries	Information on cottage and small scale industries; cooperatives; marketing	Lectures Conferences Visit ot cottage Industry centres.	Pamphlets

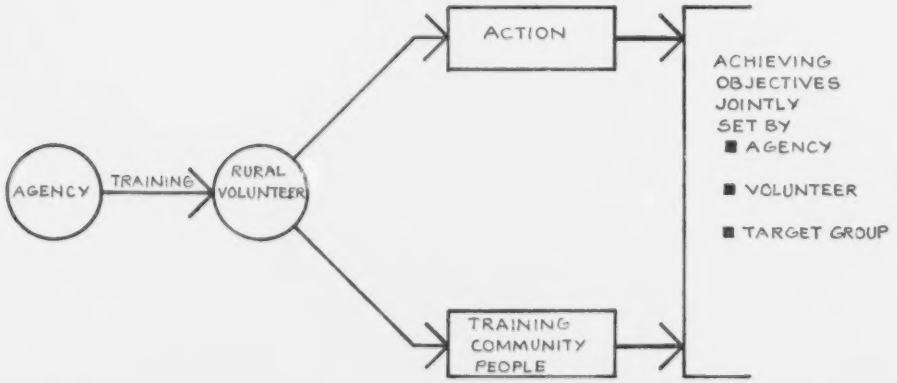
Objective	*Content*	*Method/s*	*Media*
Area: Modernity			
1. To instill and promote scientific attitude	Achievements of science; science and society; scientific attitude	Lectures; Neighbourhood meetings	Wall magazine Posters Pamphlets Films Magazines
Area: Recreation			
1. To promote the well-being of individuals	Place of recreation in life; suggested activities (walking, swimming, reading, music, painting etc.)	Lectures; Promotion of clubs and hobby circles	—
2. To promote the coherence of family life through recreation	Example of group indoor games, family picnics, family gathering, festival celebration	Neighbourhood contact; Home visits	—
3. To promote recreational activities at community level and feeling of community solidarity	Festival celebration; Activities which can be planned on community level to involve the whole community	Festival celebration; competitions; Picnics, sports Shram-Yagna (for digging wells, making roads, literacy campaign) Bhavai Drama Bhajans Manabhatta Katha Folk dances Garba	Films

5.2 An Integrated Educational Program For Rural Communities
(especially for women and children)

The emphasis placed on an integrated approach by various schemes and agencies, and our own experience with rural communities motivated us to develop an integrated educational program for rural women and children. For developing this program, needs of women and children of different age groups and of different socio-economic strata of the village Sangma were identified. The Sarpanch, the president of Sangma Mahila Mandal, The Headmaster and teachers of the primary school, the teacher of the Balwadi, the local medical practitioner and 'Dais' (mid-wives) of the village Sangma provided us useful information. Observations in the village regarding the status of women and children in various aspects like health, hygiene, nutrition and recreation were also taken into account while framing the program. Even though this integrated program is developed on the basis of our experience at Sangma, it can be relevant for any others village of Gujarat with appropriate modifications taking into account the special needs of a particular village.

5.3 A Training Program for Rural Volunteers In the Area of Pre-School Education

The basic principle underlying any extension program is 'helping people to help themselves'. The long term objective of our integrated program was to lead the community towards self sufficiency as this was the only way to make the impact of the program long lasting. A cadre of trained volunteers could take up the responsibility to continue the work initiated by the Department and they could seek guidance whenever necessary.



The village placement program covered a number of components and ideally, teams of volunteers should have been trained to carry forward the work in each component and in several directions but this was not feasible because of several limitations. The number of volunteers was limited and the training had to be completed in a specified short period to suit the curricular need of the Department.

Keeping our limitations and the need of the community in mind we decided to evolve a training program for rural volunteers to help mothers provide home-based pre-school experiences to children.

The focal point of our program was always the 'child'. Pre-school years are the most important formative years in an individual's entire life as the experience in these years largely shape the personality of an individual. Unfortunately, a very small number of rural children are exposed to a satisfactory environment provided by a well run balwadi. Despite our constant efforts we were not successful in ensuring that the Sangma balwadi would run regularly after we left the village. Preschool-age children were found to be the most neglected group in Sangma.

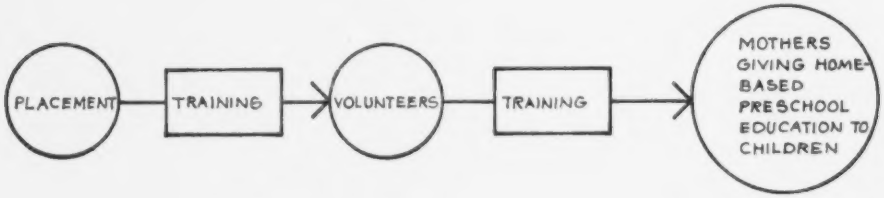
In such a situation the role of parents in helping children to realise and develop their full potential was considered important and the need to educate mothers in home-based pre-school education most urgent. The parents, even the poorest among them, can be roused to participate if they are made equipped to help with child education (Naik, 1982). Kulkarni (1982) has suggested a Home Visitation programme to increase mother's awareness of her ability to enhance her child's cognitive growth through the use of meaningful exercises and games. "Institutions and services for the child can also serve as instrument for parent and community education and for the improvement of the community as a whole. Community participation reduces cost, and therefore, makes the programme feasible and enables the state to develop it on a larger scale". (Roy 1979).

In the words of Swaminathan (No date), "there are several other educational reasons for the desirability of involving the community in pre-school education. Firstly, the school alone cannot have much impact unless parents and community are also affected. Parent education through parent involvement is of the utmost importance in bringing about an improved climate for development of the child. Adult education in its broadest sense is, in fact, an essential part of the process of pre-school education. Secondly, there being no rigid curriculum for education at this age, the entire home and community life can be treated as a curriculum, and resources, materials and aids to teaching can and must be created from the immediate environment. Inexpensive materials of daily use which can be easily collected can be used in fabricating teaching aids. Pre-school education has to be flexible and related to the needs and resources of each community it serves. This also makes community involvement important.

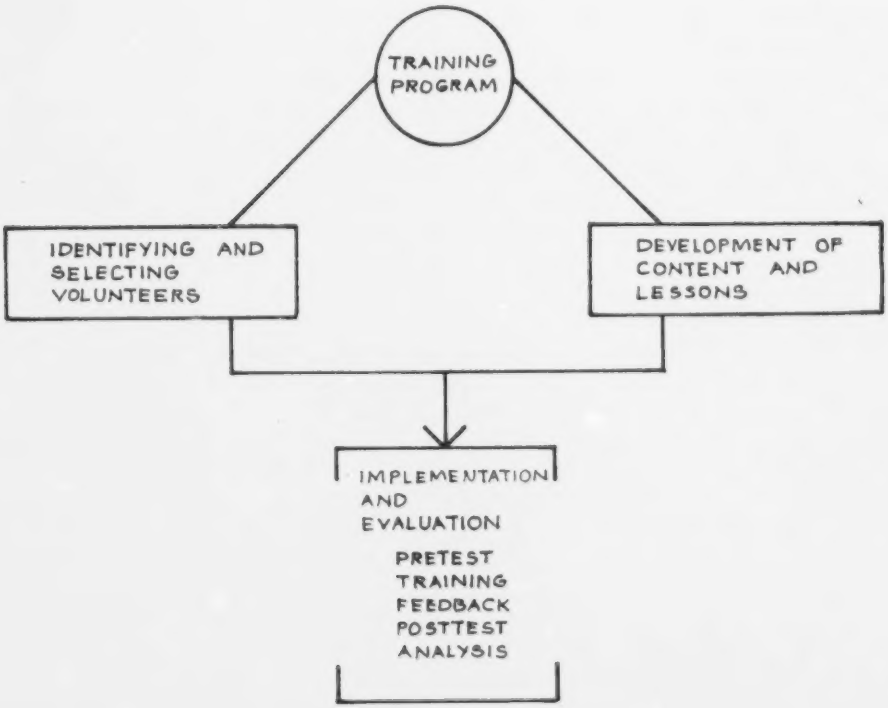
The placement team had already trained two volunteers during the program for balwadi participation and the results were highly satisfactory. The expertise of the Department of Child Development had an appropriate role to play here and, therefore, we decided to start training volunteers in the area of pre-school education.

In a nutshell, the rationale for choosing pre-school component for developing the training programme at Sangma was based on two major considerations : (1) the balwadi at

Sangma was not running regularly due to local constraints, and (2) a systematic knowledge about the development of children during pre-school years would help the mothers to provide appropriate activities at home as well.



III. How we did It :



Step 1 Identifying and selecting volunteers

During the village placement program some women of Sangma participated actively and expressed their willingness to extend the knowledge gained by them to the community people on their own. These women were identified as potential volunteers.

Criteria for Identification

* Regular attendance in the various programs organised by the Department
* Active interest and participation
* Intention to work in the village
* Resourcefulness

While the training program was under preparation, some more women came forward willing to be enrolled. Thus, the total number of volunteers came to fifteen.

Characteristics of the Selected volunteers

* Age—fourteen years or above
* Residents of the village Sangma
* Ability to read, write and follow instructions in the local language (here Gujarati)
* Readiness to spare time to get the training regularly and then to impart the information to mothers in the community
* Absence of any physical handicap or health problem which could interfere with the training.

Step 2 Development of the Content

In the selection of the content of the training program we were guided by

—experience and insight gained by the department team during the village placement work
—projects carried out in the department earlier, and
—master's dissertations of the departmental students in the areas of school readiness and education in early years.

Major Components of the Program

(A) Introduction

—Characteristics of pre-school years
—Importance of balwadi
—Role of parents

(B) Physical Development

—Habit formation and hygienic practices for better health
—Motor development
(i) Larger muscle development and suggested activities for it
(ii) Finer muscle development and suggested activities for it

(C) Socio-emotional Development

—Social aspect : sharing, co-operation, patience and behaviour towards adults; mother's role in developing these attitudes in children
—Emotional aspect : how the mothers may handle emotions of joy, fear, anger and jealousy; mother's role in dealing with these emotions in children

(D) Concept-formation and Language Development

—Concept formation : Concept of size, shape weight, number, colour, texture and time; suggested experience for each of them

—Language Development : Understanding what others say, building a vocabulary, combining words into sentences and pronunciation; Role of mother in developing language and suggested experience

—Developing problem-solving skills—Role of mother in developing reasoning, questioning and decisions making skills in children and suggested experiences.

Step 3 Implementation

Post graduate Diploma students of the Department were selected to implement the training program at Sangma. They were given *orientation* to the

—objectives
—content and
– methodology

of the program.

Pre-test

The knowledge content of the volunteers was assessed in each of the areas selected for inclusion in the program. This information was used in giving emphasis on certain areas. The open-ended interview schedule (the tool used) covered the following points : background information; importance of pre-school experience; general characteristics of children during the pre-school years (aspects of physical, social, and language development and self dependence); role of parents; activities which may promote motor development and desirable behaviour like sharing and cooperation.

Lessons

Lessons were prepared in each area and appropriate teaching methods were adopted.

Teaching Methods and Aids Used

* Observation
* Dramatization
* Role play
* Puppet play
* Discussion
* Demonstration
* Informal talk
* Lectures by experts
* Graphic aids—charts, posters, flash cards

The aids were prepared by the students with full involvement of the volunteers. Indigenous material was collected by volunteers and a workshop was conducted for preparing aids.

A sample lesson is described in detail (Annex. I).

Post-test

As in the pre-test, the gain in knowledge was assessed by means of an open-ended interview schedule. Each item of the schedule was scored to determine the gain. The maximum gain was 51.0, the minimum gain 1.0 and the average 24.9 score points, out of the maximum 75 points.

Evaluation

In evaluating the effectiveness of the program several other modes of assessment besides the results of the post-test were considered such as

—running observation of the trainees by the instructors during the program,
—self-evaluation by the trainees in form of daily diaries,
—response of the trainees while recapituating previous day's work,
—responses of the trainees to hypothetical problems, and
—role-play by the trainees in simulated situations.

Qualitative Changes in the Behaviour of the Trainees

In the beginning of the program very few of the trainees participated actively in discussion sessions; at the most they gave brief answers to questions. As the program proceeded further the extent of their participation increased. Many of the volunteers now began to take initiative in asking questions, start discussion and cite concrete examples of their own experiences. In the final stage of the program the trainee volunteers often gave remedial suggestions to solve problems considering the possible factors behind the problems.

During the course of the training program there was an obvious change in the trainee's expectations from children. Their expectations become more realistic taking into account not only the chronological age but also developmental stage of children. Sometimes the trainees questioned the practicability of suggestions made by the instructors.

Diaries kept by the trainees reflected enlargement of their interest during the program. Their skills in observation and interpretation also increased.

IV Conclusion

The program proved effective in terms of gain in knowledge and qualitative changes brought about in the trainees. The program also proved feasible in the setting for which it was planned.

Emphasis is placed on the Following Points :

1 *Volunteers identified* during the village placement program *proved better-motivated* to receive training as compared to the volunteers selected newly at the time of the training program. Teachers of the village pre-school already having a background of pre-school education can play a vital role in training mothers and can thus be ideal volunteers.

2 *Maturity of the trainees* was important—those over 20 years had stronger motivation in general.

3 *Flexible time-schedule* is desirable for a rural setting: programs may be planned for longer duration with intermittent gaps (off-days) when trainees are free to attend to their personal or family needs.

4 *Rapport with the target community*—Demand for training program is more likely to come from communities with which the extension workers have already established rapport. Hence extension work in the community may preferably precede the launching of such programs and potential volunteers may be identified in the process of extension work.

5 *Involvement of volunteers* is desirable at every stage of planning, implementation and evaluation.

6 *Further evaluation after a lag period* to find out the degree of retention of the desirable behaviour changes in trainees brought about by the training program is desirable.

5.4 Guidelines for Village Level Workers*

These guidelines are intended for well meaning and enthusiastic people who volunteer to work for the uplift of the rural masses but have no clear idea of the rural situation which has many constraints and restraints in store for such workers. The guidelines were initially prepared as an outcome of our rural experience with a view to helping the students of the Department of Child Development in undertaking projects under the Village Placement Program, but it is hoped that they will be found useful by voluntary workers embarking on rural projects in general.

For working in a rural community, mere knowledge and technical skill in a subject may not be enough to ensure success. A prospective worker needs to know the village situation with respect to socio-economic groups, religious and caste groups and political alignments in the community. Also, one must be familiar with the village traditions and customs so that one may not inadvertently injure feelings of the target groups.

The guidelines are grouped in eight sections:

1. Assessment of resources of the action team (or individual workers)
2. Selection of a community to be served; criteria for selection
3. Identifying and contacting community leaders
4. Collection of basic information about the community to be served
5. Selection of the areas of action (Needs to be attended to)
6. Drawing a planned program of action
7. Implementation of the program of action
8. Evaluation.

Also, professional ethics for extension workers and desirable qualities of a rural extension worker are discussed and sources of detailed information are listed in the guidelines.

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CHAPTER 6

VILLAGE PLACEMENT

Program Re-viewed

Improving the quality of life of the rural population is a mammoth task, unending and ever-expanding. We certainly do not claim to have achieved it through the Sangma Integrated Program but it was, nevertheless, a small but an important step towards the ultimate goal.

The program, in its own small way, helped the rural people in a given set up as well as the placement team to broaden their horizons and work together towards a better life. We got an insight into the problems inherent in taking up such a task and become better aware of our limitations. The program also gave us a direction to plan our future work. This chapter attempts to discuss our achievements, problems and lessons learnt.

Impact of the Program on the Village

The first thing that the program did was to help awaken the Sangma community from a lull and change their passive view to life. People, especially women, became conscious of their problems, developed interest in a variety of activities and some of them took initiative in making these activities a part of life. It helped them learn new skills and gain new knowledge. Income-generating and money-saving activities were considered very valuable by women.

The program created an awareness in people regarding the importance of education, especially that of pre-school age children, health, sanitation, and nutrition and tried to educate people in these areas. Through the program, services of a series of agencies and experts were made available to people at their door steps. It also created recreational opportunities for people which are becoming rare in our villages.

The Sangma youth developed readiness to work together for betterment of their own village and some of them came forward as volunteers to continue the work initiated by the program.

The program made a valuable contribution to the cause of children. It provided opportunities to children to learn and enjoy the process of learning. Children got more facilities, more attention from their parents and the community and more conducive environment which let them explore freely and thus develop their faculties.

Gain by the Placement Team

The coordinator of the Sangma program had earlier stayed and worked in rural areas but for most of the students, the Sangma program was the first encounter with realities of rural India. The program gave them an opportunity to come out of the illusions created by romantic novels and films on one hand and rural-phobes on the other.

The team learnt how to apply theoretical knowledge to field situations. Students also developed greater confidence as they learnt better communication skills and skills to conduct discussions, demonstrations and session involving various educational methods and media.

Resourcefulness and resource-management were other useful qualities that the program helped develop. Students learnt how to coordinate the work of several agencies and experts and get acquainted with the planning, execution and evaluation strategies.

Students could feel the importance of personal qualities like adjustability, patience industriousness, friendly and pleasant personality, flexibility and sense of humour in team work. They tried hard to develop these qualities.

The students learnt to respect opinions and view points of others, to listen to arguments with patience and to wait for the right time to convey the message.

On the whole we all felt a sense of responsibility and commitment and developed a positive attitude towards the rural folks in general.

Some Constraints

Throughout the period of the program, the visiting team had to encounter several problems, some inherent in the rural infrastructure, some connected with human psychology and personality traits and some due to our own limitations. Some of the major problems are discussed here.

Village Politics

Constant rivalry among leading families for the Sarpanch-ship always came in our way, especially for getting funds for running the balwadi. This rivalry also affected the functioning of the Yuvak Mandal and Mahila Mandal.

Finance

The funds available for the program were so limited that many components of the project plans had to be trimmed. We could not give any incentive to the volunteers to carry forward our program. After all, most of them came from lower middle class families and could not be expected to work endlessly without any personal gain. The Australian grant did help in running the balwadi but it too was not sufficient to run the balwadi round the year. Activities can be planned on permanent basis only if there is a permanent source of funding.

Transport

Lack of independent transport facility was a major handicap. The returning buses often did not stop at Sangma at all and it was a problem for the supervisor to ensure that all the student participants got safely transported back to Baroda. This affected the efficiency and flexibility of our program and a considerable amount of funds and time was spent on commutation.

Caste Conflicts

The conflicts between the so-called higher and lower caste people, especially women, was so severe in Sangma that it was difficult to prepare the community to present a united front to tackle common problems. Instead of working with one centralised Mahila Mandal we had to conduct several neighbourhood classes to cater to various groups of women.

Festivals and Social Occasions

Festival days had to be kept in mind while planning our work schedule in the community. On festival days one cannot count on participation of people in non-festival activities. Also, occasions and events like marriages and deaths affecting a number of people in a community would also disturb a planned schedule of research programs and activities. But at the same time these occasions gave a very good opportunity to break barriers and come closer to the people of the community.

Poverty

The lower socio-economic group is the one which really needs upliftment programs but people from this group have to work the whole day to fulfil the bare minimum needs of life. They do not have any leisure time and they cannot afford to lose their daily wages by participating in programs, where they may not expect any immediate gain.

Dual Role of the Department

The role of the Department of Child Development as a university department is primarily that of teaching and training students and research. Village Placement is just a part of its wide curricular program and had to be carried out within the limitations posed by curricular considerations.

Students could be taken to the village only for a limited time as they had other courses to attend. The members of the staff had several other duties which required their presence at Baroda. The time lag between phases was unavoidable due to this reason. The long gaps affected the motivation and interest of the target group. Some people complained that the activities remained incomplete and they missed the link. Besides, every year there would be a new batch of students forming the student component of the placement team. Thus out of the limited time allotted to village placement, a considerable time had to be spent in orientation and initial adjustment.

Also, it was difficult to maintain a balance between the service expected by the target community and the experiences desired by the participating students from the curricular point of view as well as the regular schedule required to maintain the quality of research.

Lessons Learnt

The village placement program was full of worthwhile experiences for us, the members of the placement team. Almost every day we learnt something and every activity gave us new insight into rural realities. Only a few of the very important lessons learnt are discussed here:

1. The target group should be involved in the program as much as possible at every stage. It creates a feeling that the program is theirs and not something dictated from outside.
2. Felt needs of the people are a very important criterion for planning the program but at the same time, the needs observed by the change-agents should not be neglected. It would definitely take some time to make people conscious of these needs but in long run this approach will prove beneficial.
3. Political friction and caste conflicts are now found in almost each and every village. It is advisable that the change agents keep out of these conflicts and maintain a general cordial relationship with all.
4. Caste-conflicts commonly prevail in our villages but when there is cultural program or an exhibition, these barriers are overlooked.
5. A village placement program has to be planned in a way which permits flexibility because conditions in rural communities go on fluctuating at many levels. One has to be prepared to deviate from the prepared plan or modify an approach to suit a particular situation.
6. Even if volunteers from the community come forward to carry on a program, their motivation diminishes as time passes. If an agency like Rotary Club or an industry can take up the responsibility of providing a constant incentive to these volunteers the impact can become more permanent.
7. Volunteers for future work have to be identified in course of the program. Also, a training program becomes feasible only after working in the village for a sufficiently long period.

Glossary

(of non-English Words)

Anganwadi—a substitute nursery school in the open in a community where physical facilities like buildings and equipment and a trained teacher are not available.

Baldal (bahldull)—Children's Corps

Balwadi (bahlwaadi)—Kindergarten, nursery school

Baroda/Vadodara—two names of the same city

Bhavai (bhuvaai)—a genre of folk theatre in Gujarat (India)

Bidi (beedee)—Cigarette rolled in leaves

Chutney (u as in cut)—a savoury ketchup—like preparation

Dai (daa-i)—rural mid-wife (usually untrained)

Gandhi Shop—an old type shop in India selling all kinds of day-to-day requirements, particularly grains and spices (usually sold unpacked)

Garba/Garbo (Gurbah)—group singing (by women or by women and men together) moving in a circle with rhythmic movements (typical of Gujarat State in India)

Geru—red earth used as a paint

Gram—(grahm)—Village

Harijan (hurrey-jun)—literally, God's people (name coined by Mahatma Gandhi for the scheduled castes (once treated as untouchables)

Jilla—district

Katha (Cuthah)—Story-telling or Mythology recital session

Cuchcha (Cut-chah)—unpaved or unasphalted fair-weather (road)

Mahila (muheelah)—Woman, lady

Mahendi—a vegetable dye used to colour hands and hair

Mandal (mundul)—Club, organization

Manbhatt (maanbhut)—Story-teller holding sessions in the open, for community-at-large; he uses a maan, a round copper pitcher as a percussion instrument (in place of a drum).

Otlo—a solid platform in or outside of buildings

Paan—(betel) leaf

Panchayat—(pũn-chaa-yet)—Council

Poi—name of a creeper with fleshy edible leaves (*Basella rubra*)

Rangoli (run-go-lee) designs painted on floors during festivals. or auspicious occasions

Sarpanch (sir-punch)—elected Head of a (village) council

Shramyagna (a as u in dull)—Voluntary labour contributed in public interest

Taluka (taalookah)—an administrative unit (comparable to country)

Tedagar Bai (baai)—woman helper in a balwadi, especially to escort children from and to their homes

Tuvar (Toover/Arhar—a leguminous vegetable crop (*Cajanus cajan*)

Vadodara—See Baroda

Yuvak Mandal—Youth Club

Abbreviations

PHC—Primary Health Centre.

S.S.G.—Shree Sayaji General (Hospital)

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